

The Commonwealth of Massachusetts

ANNUAL REPORT

OF THE

TRUSTEES OF THE DANVERS
STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1920

DEPARTMENT OF MENTAL DISEASES



BOSTON

WRIGHT & POTTER PRINTING CO., STATE PRINTERS
32 DERNE STREET

PUBLICATION OF THIS DOCUMENT
APPROVED BY THE
SUPERVISOR OF ADMINISTRATION.

CONTENTS.

	PAGE
ORGANIZATION OF HOSPITAL,	5
REPORT OF TRUSTEES,	7
REPORT OF SUPERINTENDENT,	10
REPORT OF TREASURER,	47
STATISTICS,	55

OFFICERS

OF THE

DANVERS STATE HOSPITAL.

NOVEMBER 30, 1920.

TRUSTEES.

Mr. SAMUEL COLBY, <i>Corresponding Secretary,</i>	.	.	.	.	Beverly.
Miss MARY WARD NICHOLS, <i>Recording Secretary.</i>	.	.	.	.	Danvers.
Mr. FRANCIS H. CASKIN, Jr.,	.	.	.	.	Danvers.
Mr. S. HERBERT WILKINS, <i>Chairman,</i>	.	.	.	.	Salem.
Mr. JAMES F. INGRAHAM,	.	.	.	.	Peabody.
Dr. ARTHUR C. NASON,	.	.	.	.	Newburyport.
Miss ANNIE M. KILHAM,	.	.	.	.	Beverly.

RESIDENT OFFICERS.

JOHN B. MACDONALD, M.D.,	.	.	<i>Physician and Superintendent.</i>
RANSOM A. GREENE, M.D.,	.	.	<i>Assistant Superintendent.</i>
GEORGE K. BUTTERFIELD, M.D.,	.	.	<i>Senior Assistant Physician.</i>
SHICHI UYEMATSU, M.D.,	.	.	<i>Senior Assistant Physician in Pathology.</i>
EFFIE A. STEVENSON, M.D.,	.	.	<i>Senior Assistant Physician.</i>
NEWTON C. BROWDER, M.D.,	.	.	<i>Assistant Physician.</i>
OTIS F. KELLY, M.D.,	.	.	<i>Assistant Physician.</i>
Mr. ADAM D. SMITH,	.	.	<i>Steward.</i>
Miss GLADYS E. LEACH,	.	.	<i>Chief Clerk and Treasurer.</i>

HEADS OF DEPARTMENTS.

Mr. ARTHUR E. REED,	.	.	<i>Supervisor, Male Department.</i>
Miss JEAN TAYLOR,	.	.	<i>Superintendent of Nurses and Principal of Training School.</i>
Mrs. HARRIET A. READ,	.	.	<i>Supervisor, Female Department.</i>
Mr. FREDERICK A. TAYLOR,	.	.	<i>Engineer.</i>
Mr. WILLIAM W. GORDON,	.	.	<i>Head Farmer.</i>
Mr. GEORGE W. GARDNER,	.	.	<i>Foreman Mechanic.</i>

OPHTHALMOLOGIST.

Dr. HENRY G. CARROLL,	Salem.
-----------------------	---	---	---	---	---	--------

DENTIST.

Dr. FRANK H. LESLIE, Boston.

ROENTGENOLOGIST.

Dr. EARL C. CUMMINGS, Boston.

SOCIAL SERVICE DEPARTMENT.

Miss BERTHA C. REYNOLDS, *Head of Department.*

INDUSTRY TEACHER.

Miss EDITH F. BEANE.

The Commonwealth of Massachusetts

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The Board of Trustees of the Danvers State Hospital has the honor to submit the forty-third annual report of the Danvers State Hospital.

Regular monthly meetings of the Board have been held at the hospital throughout the year. Conscious of the trust imposed upon them by the State, the trustees have given earnest attention to the welfare of the patients, and the problems of management in the hospital. Thoughtful consideration has been given to the treatment and care of the patients; and the general conditions of the buildings, and of the farm and other property of the State, has been carefully investigated.

The Legislature of 1920 granted an appropriation of \$250,000 for the construction and equipment of a power plant and tunnel connecting with the main hospital. The E. H. Porter Company of Peabody was awarded the contract for the building, their bid, \$53,035.36, being the lowest. The contractors commenced operations in November.

The repair force of the institution have worked, as their other duties permitted, upon the construction of verandas and the alterations at Middleton Colony. The work is well advanced, and it is expected will be brought to completion this winter.

A great deal of repairing has been accomplished. Most of the roofs of the colony buildings have been resingled, and needed alterations and repairs of the farm buildings have been made.

Farm improvements have been carried on with commendable energy under the direction of the head farmer, William W. Gordon. Several acres of new land have been plowed. A system of rotation has been begun which will ensure larger returns from the farm.

NEEDS.

The trustees desire to call attention to the need of greater fire protection at the Middleton Colony. The fire hazard at this isolated group demands serious consideration. A request is being made for funds sufficient to install the Grinnell automatic sprinkler system in these buildings. The cost of installation is high, but the safety of the patients is of supreme importance, and all proper protective measures should be taken regardless of cost. The estimated cost is \$21,200.

The hospital needs money to erect storage and salvage sheds, located near the service building. A small appropriation sufficient for the purchase of fencing material for the salvage yard was granted last year. Lumber and material for the sheds is needed, the cost of which figures up to \$1,390.

The recreation courts adjoining A and B wards, for the use of the more disturbed patients in these sections, should be enlarged, and the existing board fence replaced by wire, thus permitting a view of the outside world, and doing away, as fully as possible, with the association of restraint and imprisonment conveyed by the present structure. The cost of suitable wire enclosure for these courts is estimated at \$875.

The retorts in the gas house must be relined within the year. Such work requires specially skilled workmen. The cost of this work, including material and skilled labor, is estimated at \$711.

STANDARDS OF CARE.

The standards of care and treatment in this hospital have been upheld during the year, notwithstanding many impediments in the form of inadequate numbers of ward workers, shortage of medical assistants, and the necessity of readjustments and reorganizations of departments, often carried out

at the risk of increasing the unrest and uneasiness which have been so notable in the aftermath of the war.

The trustees are pleased to record their appreciation of the loyal, devoted service of officers and employees of the institution.

Respectfully submitted,

S. HERBERT WILKINS.

SAMUEL COLE.

JAMES F. INGRAHAM, JR.

FRANCIS H. CASKIN, JR.

ARTHUR C. NASON.

MARY WARD NICHOLS.

ANNIE M. KILHAM.

SUPERINTENDENT'S REPORT.

To the Trustees of the Danvers State Hospital.

The forty-third annual report of the superintendent, covering the operations of the hospital for the fiscal year ending Nov. 30, 1920, is respectfully submitted.

The clinical reports and statistics relating to patients are for the period included within the year ending Sept. 30, 1920.

MOVEMENT OF POPULATION.

The hospital year began Oct. 1, 1919, with 1,478 patients in the hospital, 324 on visit, 19 on escape, and 23 in family care, a total of 1,844 and an increase of 15 over the previous year.

The year ended Sept. 30, 1920, with 1,567 patients in the hospital, 304 on visit, 19 on escape, and 21 in family care, a total of 1911.

Admissions for the year numbered 645, a total of 93 less than the previous year. Admissions of males showed a decrease of 40 as compared with last year, while female admissions decreased by 53 for the corresponding period.

Classified according to sex the admissions were: males, 317, and females, 328; for the preceding year, males, 357, and females, 381.

During the year 13 men and 18 women were admitted as voluntary patients, an increase of 2 over the previous year; 115 men and 102 women on temporary-care papers, a decrease of 35 for the year; and 6 men and 8 women by transfer from other institutions, a decrease of 4.

FIRST ADMISSIONS.

Admissions for the first time to this or any hospital numbered 492 as compared with 500 last year, a decrease of 8.

It is interesting at this time to note the effect of the Volstead Act upon the admission rate. In 1919 first admissions of alcoholics comprised 9.2 per cent of the total first admissions; in 1920, 4.7 per cent. Total admissions of alcoholics, including first admissions and recurrences, numbered 57 in 1919, and 32 in 1920. The admissions of alcoholics for the year is 4.9 per cent of the total admissions.

DAILY POPULATION.

The daily average population was 1,522, an increase of 36. This large population results in congestion of the wards, exceeding that of previous years, and rendering proper classification difficult.

The whole number of cases treated during the year was 2,489, — 78 less than the number for the preceding year.

The death rate for the year was 207 as against 258 the previous year, an average of 8.3 per cent on the basis of total number of cases under treatment.

DISMISSALS.

There were 578 dismissed during the year, — 268 men and 310 women.

There were discharged as recovered 55 patients as compared with 65 in 1919; as improved, 246 as compared with 215 last year; as not improved, 49 as compared with 47 in 1919; and as not insane, 14 as compared with 7 in 1919.

At the end of the year there were 304 patients on trial visits in the care of friends, or under hospital supervision, as compared with 324 at the end of the previous year. Total number of cases on trial visits during the year, 488; in 1919, 471.

Since the organization of the hospital 22,507 patients have been admitted and 20,596 discharged.

VIOLENT DEATHS.

One suicide, by hanging, occurred during the year. The patient (identification number, 21675) was in the depressive phase of a manic-depressive attack. At an early hour in the morning he succeeded in suspending himself by means of a sheet from the head of his bed, without attracting the attention of the night attendant or his roommate, a convalescent case. When discovered the body was still warm, but life was extinct.

ADMISSIONS CLASSIFIED BY CLINICAL GROUPS.

The classification adopted by the American Medico-Psychological Association has been followed. A summary of admissions according to clinical diagnoses is important in point of statistical and psychiatric interest: —

Traumatic Psychosis.

Number of cases admitted, one.

Male, fifty-four. M. T. Early history uneventful. Had been a fireman for the past several years. Married, five children. Present psychosis dates to Aug. 30, 1919, when while at work blowing out some tubes in a boiler an emergency necessitated his jumping about 15 feet. He landed on his heels, and was able to stagger home alone. Shortly afterwards he became emotional, speech being impaired. He gradually developed mannerisms, picking at his nails, pulling his hair. Became depressed and worried. Spoke about something moving in the back of his head. He vomited twice. Complained of peculiar sensations over his extremities. Became sexually impotent. Memory was impaired to a remarkable degree. He went to the Psychopathic Hospital December 1, and was transferred here on the 9th.

On admission his movements were rather slow. He was slightly disoriented. He would become completely lost on the ward, not knowing where he was. He showed quite a distinct motor speech disturbance, and a very poor memory for both recent and remote events. He was a little irritable, and at times somewhat restless. He had been failing gradually, being in bed and eating rather poorly.

Physical examination showed abdominal reflexes absent on right, and only epigastric present on left, much reduced. There were some ataxia, positive Romberg and vertigo. Ophthalmoscopic examination revealed increased pallor of fundi, but no papillo, edema or other evidence of inter-

cranial pressure. Laboratory tests on spinal fluid were negative. X-ray did not show anything notable. Patient died Jan. 19, 1920.

Post-mortem examination showed a chronic pachymeningitis and leptomeningitis, and some atrophy of frontal convolutions. The brain was rather uniformly firm in consistency, and there was no evidence of softening or hemorrhage.

Senile Dementia.

The total number of admissions was 64, — 20 females and 44 males, 10 per cent of all admissions. Three of these were readmitted, — 1 male and 2 females.

Forty-seven cases were of the type of simple deterioration; 5 delirious and confused; 6 depressed and agitated; 4 paranoid; 2 presenile.

The average age of the women was seventy-two, and of the men, seventy-seven. Four cases were in the sixth decade; 12 in the seventh; 26 in the eighth; 2 in the ninth; and 1 in the tenth. The average blood pressure was 165 systolic and 100 diastolic.

Fourteen cases showed hereditary defect, 16 cardiac symptoms, 8 renal symptoms, 3 glucosuria, and 21 had difficulty in hearing.

Results of Treatment.

	Males.	Females.	Totals.
Discharged improved,	—	2	2
Discharged unimproved,	2	1	3
Died,	10	13	23
Remaining in hospital,	8	28	36

Cerebral Arteriosclerosis.

The total number of cases admitted under this group was 46, — 25 males and 21 females, or 7 per cent of total admissions. Two males were readmissions. Three were in the fifth decade, 8 in the sixth, 22 in the seventh, 11 in the eighth, and 2 in the ninth decade. Focal symptoms were found in 35 cases, 16 of which showed speech defect. Cardiac symptoms were present in 15 cases, albuminuria in 11 cases, and glucosuria in 2 cases. The average blood pressure was 162 systolic

and 97 diastolic. This showed that the average blood pressure in peripheral arteries was slightly lower than that of the senile group. The average age of the men on admission was sixty-seven, and of the women, sixty-five. One case showed positive Wassermann test and 10 cases proved to be alcoholic.

Results of Treatment.

	Males.	Females.	Totals.
Discharged improved,	3	2	5
Discharged unimproved,	—	1	1
Died,	12	9	21
Remaining in hospital,	10	9	19

General Paralysis.

The number of cases admitted during the year was 55, — 39 of which were men and 14 women. The ratio to total admissions was 8 per cent. Forty-seven cases were first admissions and 7 were readmissions. The Wassermann test on the blood serum was negative in 3 cases; the spinal fluid was positive in all cases. All cases showed positive laboratory tests. These tests consist of cell count, albumin and globulin tests, and gold sol reaction. The average age of the men upon admission was forty-four, and of the women, forty-nine. The youngest patient in this group was thirty-three years of age, and the oldest was sixty-eight years of age. All cases were treated either by salvarsan or potassium iodide and mercury. A few cases were treated by the Swift-Ellis method. Some early cases showed a marked improvement. Fifteen cases died, showing a mortality of 28 per cent.

Results of Treatment.

	Males.	Females.	Totals.
Discharged improved,	1	1	2
Discharged unimproved,	2	2	4
Died,	14	1	15
Remaining in hospital,	39	14	53

Cerebral Syphilis.

During the year two cases were admitted. Both are males and are remaining in the hospital.

Case 1. — Male; age, fourteen; white, American. Father extremely alcoholic. Patient born in Boston July 28, 1906. At the age of one month he had a shock and his right arm and leg were paralyzed. At the age of two months he had another shock which paralyzed his left side and arm. Patient recovered from both of these shocks and walked well. When he was about a year and nine months old he had another shock and his whole right side became paralyzed. Mental development and training at home very poor. He went as far as the third grade in school; never did any kind of work; always had a very quick temper. Patient was very restless two weeks before coming here. He was put to bed, and continually talked and mumbled to himself; lost control of his bowels and bladder; lost weight; appetite became very poor. He had a marked speech defect, and there was a marked incoherence in his sentences. Had delusions of fears and noises. He was disoriented. Had to be wheeled around and cared for like a baby. Memory was very poor.

Physical examination showed a paralysis of the right arm with marked spasticity and residual paralysis of the right foot. His palate was extremely high and asymmetrical. Had no control over bowels or bladder. Knee jerks were greatly exaggerated, the right being more so than the left. He had positive Babinski; Romberg, negative. Right arm had become atrophic. Wasserman reaction in both blood serum and spinal fluid was positive. Six doses of salvarsan were given, and he showed some improvement, especially in his speech.

Case 2. — J. A. D. Male, twenty years of age. Mother was a patient at Northampton State Hospital for six months. Two sisters dead, one dying at five weeks and the other at six weeks of age; cause of death was congenital syphilis. Patient was born in Ware, Mass., April 28, 1900. Went as far as fifth grade. Was at the Psychopathic Hospital for one week in 1915. At the age of thirteen lost the sight of his left eye and had to leave school, deafness of both ears coming on at the same time. In 1916 received antisiphilitic treatment for some time. Worked as a doffer in the mill until a year before admission, when the vision in right eye became so poor he could not work any longer. The day before admission patient got up during the night and awakened others and demanded a razor. Was continually praying and exhibiting marked religious ideas.

On admission to the hospital was found to be very deaf, only being able to hear when words were spoken very loudly and close to the ear. Could see but little and with the right eye only. Memory appeared good for more important events of his life. He seemed to have some persecutory ideas, suspecting poison in the food.

There was divergent strabismus, chiefly of the left eye. Evidence of old interstitial keratitis. Pupils slightly irregular, reacted sluggishly to light. Deep reflexes exaggerated. Urine showed albumen markedly positive. Hyaline and granular casts. Wasserman reaction in blood serum negative; in spinal fluid, positive.

Treated by K. J. and mercury without showing any improvement.

Psychoses with Brain Tumor.

There were four cases admitted during the last year, in which the symptoms indicated cerebral tumor. One male case came to autopsy and confirmed the clinical diagnosis. One female died of this disease. Two others are living and remain in the hospital. The abstract of the case examined postmortem is as follows: —

C. A. C. Male, fifty-one years of age. Family history negative except father, who died of diabetes. Patient was born in Massachusetts. Birth and early development normal. Attended grammar school until he was fifteen. Had pneumonia at sixteen. Worked in a shoe factory practically all his life. Married at the age of twenty-three. Has had two daughters. For a year or two gradually grew more and more nervous. Two weeks before admission changed markedly, became quite childish, facial muscles began to twitch. Frequently asked same questions over and over again. On admission his speech was quite unintelligible, and consciousness clouded. Physical condition very weak. Slowly improved with some speech defect as a residual. Became voluble and circumstantial, had a euphoric trend, but no marked delusional ideas of a grandiose nature. Emotionally happy, elated and good natured. Volitionally, inclined to be a trifle restless within narrow limits. Memory for remote events fairly good, but retention tests poorly done. Disoriented for place and time.

Physically, strong acetone odor in breath. Pupils reacted sluggishly to light and accommodation. Slight asymmetry of the face. Urinalysis showed sugar varying from 1 to 4 per cent. Frequent complaints of headaches and vertigo. Knee jerks exaggerated. Fundi showed suggestion of choked disc.

Three months after admission epileptiform seizures began. Between the seizures, which were very severe in type, he was confused and disoriented, and at no time recognized his surroundings.

Autopsy revealed a diffuse enlargement of the pons. Microscopic study proved this condition to be a diffuse glioma.

Psychoses with Other Brain or Nervous Diseases.

Five cases were admitted under this group.

Unclassed neurosyphilis,	1
Psychosis with tabes,	1
Paralysis agitans,	1
Psychosis with unclassified brain disease,	1
Cerebral embolism,	1

These cases were all treated according to their condition.

Results of Treatment.

	Males.	Females.	Totals.
Discharged improved,	1	—	1
Died,	3	—	3
Remaining in hospital,	1	—	1

Alcoholic Psychoses.

Thirty-two cases admitted during the year came under this diagnosis, a ratio of 4.9 per cent of total admissions. First admissions numbered 23; recurrences, 9. Substitutes for hard liquor, various alcoholic essences, were commonly the cause of disorder in these cases.

Of the total number admitted, 7 were discharged as recovered, 9 as improved, 1 not improved, 1 died, and there remained under treatment at the end of the year 14.

Psychoses due to Other Drugs.

Psychoses directly due to other drugs or exogenous toxins came under treatment in 7 cases.

Of these, 3 were morphine or opium addicts, 1 a veronal addict; 2 were addicted for years to the excessive use of Bromo-Seltzer and headache powders; and 1 was suffering from the effects of chronic plumbism.

Of this group 2 were discharged recovered (morphinism), and 2 improved (1 morphinism, and 1 Bromo-Seltzer and headache power addict). At the end of the year 3 remained under treatment.

Psychoses with Pellagra.

During the past year two cases, both females, were admitted to the hospital suffering from pellagra, both of whom died. It may be interesting to note that the sister of one of these patients died at this hospital in 1914 of the same disease.

Psychoses with Other Somatic Diseases.

During the past year 20 cases were admitted in whom the etiology of mental trouble was apparently due to physical causes. This is only half as many as were admitted the previous year. It is possible this decrease is due to the decline in influenza cases during the past winter. These cases were classified under the following subdivisions:—

	Males.	Females.	Totals.
Delirium with infectious diseases,	3	2	5
Diseases of the ductless glands,	1	—	1
Cardiorenal diseases,	3	1	4
Exhaustion delirium,	6	4	10

Results of Treatment.

	Males.	Females.	Totals.
Discharged recovered,	3	—	3
Discharged improved,	2	2	4
Discharged unimproved,	1	—	1
Died,	5	2	7
Remaining in hospital,	2	3	5

Manic-depressive Psychoses.

Ninety-four patients were admitted during the year with this psychosis, this group composing 14 per cent of the total admissions for the year. Of this number, 60 were females and 34 males, classified as follows:—

	Males.	Females.	Totals.
First admissions,	17	34	51
Readmissions,	17	26	43

In subclassification we find the division as follows:—

Manic type,	49, or 52.1 per cent.
Depressed type,	39, or 38.4 per cent.
Mixed type,	9, or 9.5 per cent.

A striking fact is the preponderance of females in the depressed group. There were 31 females and 5 males. In the manic group the males are in the majority, — 27 to 22. Of the 9 patients of the mixed type, 2 were males and 7 females.

A history of mental disease in the ancestry appears in 12 males and 25 females, — 39 per cent of the total number.

In only 2 cases, both males, did a history of alcoholism appear. Of the total number under treatment the result was as follows:—

Results of Treatment.

	Males.	Females.	Totals.
Discharged recovered,	8	3	11
Discharged improved,	9	21	30
Discharged not improved,	—	2	2
Died,	3	5	8
Remaining in hospital,	14	29	43

Involution Melancholia.

This group comprised 1.8 per cent of the total admissions, there being 12 patients admitted during the year whose symptoms seemingly justified such a diagnosis. Of these, 4 were males and 8 females.

	Males.	Females.	Totals.
First admissions,	3	6	9
Readmissions,	1	2	3

Heredity was established in the history of 1 male and 3 females, a total of $33\frac{1}{3}$ per cent.

The results of treatment were as follows:—

Results of Treatment.

	Males.	Females.	Totals.
Discharged improved,	1	1	2
Died,	1	—	1
Remaining in hospital,	2	7	9

Dementia Præcox.

Of the 167 admissions classified as dementia præcox, as shown in the table below, giving type of disease, there were 16 males and 28 females that were readmissions. As first admissions there were 61 males and 72 females. The dementia præcox group comprises approximately 26 per cent of the total admissions.

	Males.	Females.	Totals.
Paranoid type,	37	38	75
Catatonic type,	14	23	37
Hebephrenic type,	23	27	50
Simple type,	3	2	5

Results of Treatment.

	Males.	Females.	Totals.
Discharged improved,	14	15	29
Discharged unimproved,	12	6	18
Died,	—	3	3
Remaining in hospital,	51	66	117

Paranoia or Paranoid Conditions.

Total admissions, 7, — 4 males and 3 females. One of the cases thus classified was considered a true paranoia with symptoms completely in accord with the classical description. This patient unfortunately left the hospital on escape, having been committed for observation, and therefore discharged as unimproved.

Results of Treatment.

	Males.	Females.	Totals.
Discharged improved,	-	3	3
Discharged unimproved,	2	-	2
Discharged not insane,	1	-	1
Remaining in hospital,	-	1	1

Epileptic Psychoses.

This group comprises 3 men and 6 women, 2 of the latter being readmissions. Five were placed in the subgroups with deterioration; 2 epileptic clouded states; and in 2 cases subclassification was impossible. The family history could not be obtained in 1 case, was negative in 5 cases, positive for insanity in 2 cases, and positive for epilepsy in 1 case. No history of trauma, organic disease or other definite non-hereditary etiology could be discovered in any case. In 7 cases grand mal was present. The Wassermann reaction in the blood serum was negative in all. The disposition of these cases is shown in the accompanying table, one of the patients remaining in the hospital at present, ready for discharge improved.

Results of Treatment.

	Males.	Females.	Totals.
Discharged improved,	1	-	1
Discharged unimproved,	-	1	1
Died,	-	1	1
Remaining in hospital,	2	4	6

Psychoneuroses.

The total number of psychoneurotic cases admitted to the hospital was 6. One was a male who is kept in the hospital because of impulsiveness and violence, and the other five were women, who were discharged on parole improved.

Subgroups were as follows: hysterical type, 4; psychasthenic type, 2.

All had negative Wassermann; 5 had insight; 3 had somatopsychic delusions; 1 had delusions of hearing; 2 were homicidal; 2 were suicidal; 1 had had previous attacks.

Psychoses with Constitutional Psychopathic Inferiority.

Thirteen cases were diagnosed in this group, of which 11 were males and 2 females. Four cases were readmissions. Four males were discharged improved, and 3 unimproved. Seven were single, 4 were married and 2 widowed at the time of admission. Five were between the ages of sixteen and twenty, four between twenty and thirty, four between thirty and forty, and one between sixty and seventy years at time of admission. Five were foreign born, 3 of whom were naturalized citizens. Only 6 had a common school education, and 1 a high school education. One was of alcoholic habits. Marked hereditary taint was found in 4 cases. Those affected by physical disease at time of entrance were as follows: 1 with chorea, 3 with tuberculosis and 1 with puerperal infection. A history of immorality was obtained in 1 case. All had negative Wassermann. Of this group, 7 were discharged on parole.

Psychoses with Mental Deficiency.

In this group of 34 patients the following were the most common symptoms: always inferior, 25; memory defect, 16; indifference, 15; hallucinated, 20; oriented, 13; illiterate, 13; homicidal, 4; police record, 2; positive Wassermann, 1; neurological disease, 3.

Admitted after twenty-five years of age, over 80 per cent.

Admitted as married, over 50 per cent.

Discharged as improved, 3.

Died, 1.

Remaining in hospital, 30.

Undiagnosed Psychoses.

Eleven cases admitted during the hospital year fall into this group, — 9 men and 2 women. One man has been recently admitted, and has not yet been presented for diagnosis to the staff. These cases present many interesting problems in differential diagnosis.

In 2 cases the diagnosis rested between dementia præcox and alcoholic psychosis; both remain in the hospital at present unimproved. In 2 cases organic brain disease has been suspected, but without sufficient data to justify a definite diagnosis. One of these, a readmission, has been discharged improved; while the other, in which there was a negative Wassermann reaction in both the blood serum and spinal fluid, with minor abnormalities in the spinal fluid, died, the cause of death being given as cerebral embolus. Unfortunately, permission for autopsy, which would have been of exceptional value in this case, was refused.

In only 1 case was there a positive Wassermann reaction in the blood serum. This was accompanied by a normal spinal fluid, and the patient is still in the hospital, receiving anti-syphilitic treatment.

One patient, who is thought to belong probably in the group of psychoses with mental deficiency, remained in the hospital only one day, having been transferred to another institution for obstetrical care.

Not Insane.

Eight men and 4 women, admitted during the year, were found to be not insane. Four cases were sent in by the courts for observation, one of which had a positive Wassermann reaction in the blood serum. Four belonged to the group of mental deficiency without psychosis. Of the remaining 4, 1 was suffering from acute alcoholism, 1 from epilepsy and 1 from post-partum delirium. Finally, 1 case showed a paranoid trend, necessitating social readjustment. The Wasserman reaction in all cases except the one mentioned above was negative. All except 2 of the mentally deficient cases have been discharged.

MEDICAL ADMINISTRATION.

The following changes in the personnel of the medical staff took place during the year:—

RESIGNATIONS.

Dr. Louis R. Brown, senior assistant physician, resigned July 6, 1920.

Dr. William A. Bryan, assistant superintendent, resigned May 23, 1920.

Dr. Alfred P. Chronquest, senior assistant physician, resigned Feb. 29, 1920.

Dr. Franklin H. Killam, assistant physician, resigned May 31, 1920.

Dr. Curtis E. Smith, pathologist and clinical director, resigned Jan. 11, 1920.

APPOINTMENTS.

Dr. Newton C. Browder, assistant physician, appointed June 3, 1920.

Dr. George K. Butterfield, senior assistant physician, appointed July 13, 1920.

Dr. Ransom A. Greene, assistant superintendent, appointed June 16, 1920.

Dr. Otis F. Kelly, assistant physician, appointed Sept. 1, 1920.

Dr. Shichi Uyematsu, senior assistant physician in pathology, appointed Jan. 1, 1920.

As affecting the heads of other departments, Miss Gladys E. Leach, superintendent's clerk, was promoted to the position of chief clerk and treasurer Jan. 1, 1920, this appointment filling the vacancy created by the resignation of Mr. Spence C. Babbitt Nov. 15, 1919.

Mr. William W. Gordon was appointed to the position of head farmer, in succession to Mr. Junius C. Wing, Dec. 1, 1919. Mr. Gordon has had a wide experience in agricultural and horticultural work. Under his direction a program of crop rotation, and of land improvement by more thorough drainage, and reclamation has been begun with a vigor that promises greater returns from the land in the near future.

STUDENT INTERNES.

As in former years the medical staff had the assistance of student internes during the period of summer vacations. These positions were filled by undergraduates of The Johns Hopkins Medical School. The work performed by the internes was most satisfactory. As aides to the medical staff, and as assistants in research in the pathological laboratory, they rendered eager, intelligent service.

The following students served as internes for periods of two to three months: —

Mr. Fred H. Allen,	June 22 to August 1.
Mr. Stuart W. Egerton,	June 28 to August 12.
Mr. Benjamin F. Freeman,	June 8 to August 23.
Mr. Thomas Harrold,	June 14 to August 14.
Mr. Harry A. Klee,	June 15 to August 24.
Mr. Charles W. Wainwright, Jr.,	June 15 to August 15.
Mr. Edwin D. Weinberg,	June 8 to August 10.

MEDICAL WORK.

The established routine of immediate preliminary physical examination of all newly admitted cases, Wassermann tests, typhoid and smallpox vaccination, has been followed. Unless contra-indicated by other physical conditions, intensive anti-syphilis treatment is given in all cases where the blood or spinal fluid proves positive.

TREATMENT OF SYPHILIS.

Active treatment of all syphilitic conditions is given in every case, unless contra-indicated by other organic conditions. In some of the cases of neurosyphilis treated, remarkable remissions, or improvements, have been apparent following intensive treatments. No ill effects have been noted under intensive treatment. The results, and apparent improvements in a few cases, justify the opinion that routine administration of anti-syphilis remedies is called for in all syphilitic conditions, unless contra-indications exist.

Cases treated.

General paralysis,	91
Cerebral syphilis,	8
Taboparalysis,	6
Tabes,	2
Alcoholism with syphilis,	3
Neurosyphilis,	4
Feeble-mindedness with syphilis,	3
Dementia præcox with syphilis,	3
Senile dementia with syphilis,	1
Arteriosclerosis with syphilis,	1
Manic depressive with syphilis,	1
Organic brain disease with syphilis,	1
Exhaustion delirium with syphilis,	1
Constitutional psychopathic inferiority with syphilis,	1
Total,	126

Number of Treatments administered.

Mercury,	1,335
Diarsenol,	986
Salvarsan,	
Arsphenamine,	
Arsaminol,	
Swift-Ellis,	6
Besides potassium iodide internally.	

Results of Treatment in All Cases.

Improved,	19
Discharged, unimproved,	5
Stationary,	30
Deteriorated,	39
Dead,	33
<hr/>	
Total,	126

Results of Treatment on General Paralysis Patients.

Improved, in hospital,	9
Unimproved, in hospital,	22
Discharged, improved,	5
Discharged, unimproved,	2
Discharged deteriorated,	2
Deteriorated, in hospital,	22
Dead,	29
<hr/>	
Total,	91

Total improved, 14, or 15 per cent.

STAFF CONFERENCES.

Staff conferences have been held daily, except Sundays. Every admitted case is presented before the staff for discussion of diagnosis and treatment. In practically every case leaving the hospital, the question of discharge or parole is decided upon at staff conference. Particular attention is given the environmental and social problems in cases for discharge, and where any doubt or question exists in this connection, a social service investigation is made, and a full report submitted to the conference.

During the year 1,006 cases were presented at staff conference. Of these, 574 were for diagnosis, 17 for reconsideration of diagnosis, and 415 for consideration of parole.

HYDROTHERAPY.

During the year 1,470 hydrotherapeutic baths were prescribed, 400 general and local massage treatments, and 1,050 packs for therapeutic purposes. On account of the shortage

of nurses it was not possible to keep the continuous baths in operation as freely as in former years, but in all cases of excitement, where indicated, this form of treatment was relied upon, and gave excellent results.

CALISTHENICS, RE-EDUCATIONAL WORK AND HABIT TRAINING.

The shortage of nurses and attendants during most of the year impeded the progress of re-education and occupational therapy. Habit training for the untidy and demented cases has been carried on in certain wards by the charge attendants, with beneficial results. Tangible effects — increased neatness, and better order in the wards — are the rewards of continued endeavor in this direction; and, more important still, the patients are led along the path of reasonable effort to greater interest, confidence and enjoyment of simple tasks fitted to their diminished strength and capacity.

Under the direction of Miss Edith F. Beane, the occupational center, or arts and crafts rooms, furnished abundant opportunity for useful and interesting productive occupation for a large number of patients. The products of this department are now entirely supplied to the wards. Many of the things turned out in the arts and crafts rooms are of beautiful and artistic design, and add greatly to the comfort and appearance of the wards.

Classes in calisthenics and play activities have been carried on as an important supplementary part of re-educational work.

CAMP FIRE GIRLS.

Organized for the purpose of promoting social activity and readjustment among those patients whose condition promises recovery or return to community life, our camp of Camp Fire Girls has proven an important restorative agency. In the latter part of the year the absence of Miss Edith Davis, the guardian, interfered with the meetings, and up to the present her place has not been filled. A class in vocal music, under a trained instructor, is now being conducted. In the spring it is purposed to resume the "hikes" and other outdoor activities of the camp.

A somewhat similar organization has been arranged among the men, the principle features of which are setting-up exercises and simple military drill.

DENTISTRY.

The dental service has been conducted by our visiting dentist, Frank H. Leslie, D.M.D., assisted by the dental hygienist, Miss Cassie M. Mason, who gave full-time service to prophylactic work.

During the year 641 new patients were given dental examinations. Of these, 299 required early attention. A total of 1,031 teeth and roots were extracted. Thirty-two cases were done under nitrous oxid and oxygen, 7 under ether, and the remainder under novocaine. Five impacted teeth and two dental cysts were removed. A total of 197 teeth were filled with cement or amalgam, and 21 dentures were made. Sixty-five patients had complete X-ray examinations.

Toothbrush drills were conducted regularly on the wards under the supervision of Miss Mason. A total of 1,089 prophylactic treatments were given.

CLINICS BY VISITING PHYSICIANS.

During the summer a series of lectures on neurology and psychiatry were given at the hospital by Dr. Stanley Cobb, Dr. Abraham Meyerson, Dr. Oscar J. Raeder and Dr. H. C. Solomon. These meetings were attended by the student internes and members of the staff, and proved a stimulus to study and investigation. The hospital is under grateful obligation to the physicians who so generously gave their time to conduct these clinics.

In addition, the pathologist held clinics for the staff at various times, at which interesting autopsy findings were discussed. The relations between the clinical and research departments have been close and mutually helpful.

PATHOLOGICAL LABORATORY.

During the first part of the year the work of the laboratory was carried on by Dr. Curtis Smith and Dr. Shichi Uyematsu. On Jan. 1, 1920, Dr. Smith resigned as pathologist and clinical director, and Dr. Uyematsu was appointed to that position.

For the last part of the year Mr. T. Soda, a chemist from the University of Tokio, Japan, carried on researches on chemical analysis of the blood and spinal fluid.

PATHOLOGIST'S REPORT.

To the Superintendent.

I submit herewith the following summary of the work done in the pathological department for the year ending Sept. 30, 1920.

We are happy to state that the per cent of autopsies was much increased over the previous year, there being 207 deaths and 55 autopsies, or 27 per cent of the total. Although this cannot be said to be satisfactory, it is a fair number, considering a shortage of members of the staff, which made it impossible to interview personally the friends of all patients dying, to make the necessary arrangements. In the coming year we expect an increase in the number of cases coming to autopsy, as the staff is somewhat increased and heartily co-operates with the laboratory in this respect. We wish to impress upon the friends of patients at this hospital that it is their duty, also, to help us, by giving permission, whenever possible, for post-mortem examinations, as this is the greatest aid to medical investigation, and to improvement of the treatment of the insane. We are always glad to send a report of the autopsy findings to all friends interested.

The cases coming to autopsy were clinically diagnosed as follows:—

Senile dementia,	12
Drugs and alcoholism,	3
Arteriosclerosis,	7
General paralysis,	12
Toxic delirium,	1
Epilepsy,	3
Manic depressive,	4
Dementia præcox,	7

Mental deficiency,	1
Cerebral syphilis,	1
Post-apoplectic,	1
Organic brain disease,	1
Psychosis with cardiorenal disease,	1

A total of 214 spinal fluids, which is an increase of 55 over the previous year, were examined by the laboratory, as well as checked up by the Wassermann reaction. Of these, 113 were positive and 101 negative. One hundred and three gave the reaction of general paralysis, 6 of tabes, and 4 of cerebral syphilis. Seventy-eight blood counts have been recorded, 50 being done during the summer by the medical students in connection with research work which was carried on by the pathologist on dementia præcox. Ninety-seven bacteriological smears were made. Urethral and vaginal smears were positive for gonococci in 5 cases, tubercle bacilli were found in 6 cases, pneumococci in 19 cases, staphylococci in 25 cases, and streptococci in 1 case. Diphtheria bacilli were found in 2 cases and micrococcus catarrhalis in 5 cases.

Urine specimens from 646 patients were examined, of which 16 per cent showed albumen, 6 per cent sugar, and bile pigment was found in two specimens.

WASSERMANN TEST FOR SYPHILIS.

A summary of the Wassermann test on blood serum and spinal fluid is given in the following table:—

	Number.	Per Cent.
Cases tested for blood:—		
Wassermann serum, positive,	89	14
Wassermann serum, doubtful,	21	—
Wassermann serum, negative,	527	84
	637	
Cases tested for spinal fluid:—		
Wassermann spinal, positive (agree),	78	35
Wassermann spinal, positive (disagree),	20	9
Wassermann spinal, negative (agree),	102	46
Wassermann spinal, negative (disagree),	21	9
	221	

Our filing and index system has been kept up to date. Many photographs and microphotographs have been taken in connection with the researches carried on in the laboratory. Many photographs have also been taken of the industrial department of the hospital. More X-ray photographs have been taken than previously, a total of 118 having been done. Of these, 21 were of the head, 24 of the trunk, and 42 of the extremities. Besides these many were taken for dental diagnoses, the records of which are kept in the dental department. As for several years past, this work was carried on by Mr. Gilman W. Brown, an expert in this field.

The long-established histological routine, of which this laboratory is justly proud, has been strictly followed, together with preservation of gross specimens. We hope to arrange some of the most interesting specimens of our material into a museum for the benefit of visitors.

During the summer seven students from the Johns Hopkins Medical School assisted us in our routine laboratory work, and aside from this the students, under the supervision of the pathologist, carried on separate investigations along various lines. The department gave special attention toward stimulating interest in research work among the students.

During the year past several staff meetings were held in the laboratory, the pathologist presenting the most interesting autopsy material, and discussing its bearing upon diagnosis of cases. Dr. Meyerson, Dr. Solomon, Dr. Cobb and Dr. Raeder were invited, during the summer, to lecture to the students. These lectures were very interesting and valuable to the members of the staff, as well as to the students. We think that these meetings should be held at least once a month as a possible means for the promotion of clinical psychiatry.

Research works were carried on by Dr. Uyematsu, Dr. Bryan, Dr. Noda and Mr. Soda. The following papers were published during the year: —

1. "A Typical Case of Arteriosclerotic Insanity," Dr. Uyematsu.
2. "A Case of Myxedematous Psychosis," Dr. Uyematsu.
3. "A Case of Diffuse Cerebrospinal Sclerosis," Dr. Uyematsu.
4. "A Case of Acromegalis associated with Brain Tumor," Dr. Bryan and Dr. Uyematsu.

The following have been accepted for publication, and several others are in preparation: —

5. "A Study of Peculiar Changes found in Axones and Dendrites of Purkinje Cells," Dr. Uyematsu.
6. "Contribution to the Study of Glioma," Dr. Uyematsu.
7. "Blood Analyses in Cases of Catatonic Dementia Præcox," Dr. Uyematsu and Mr. Soda.
8. "A Study of Rod Cells in Various Cases of Psychoses," Dr. Noda.

Respectfully submitted,

SHICHI UYEMATSU, M.D.,
Pathologist.

THE TRAINING SCHOOL FOR NURSES.

Largely owing to the undiscouraged zeal and energy of Miss Jean Taylor, the superintendent of nurses, the Training School has had a successful year, graduating a larger class than in the previous year. Up to the present, the situation since the beginning of the great war has been a very difficult one for the Training School, owing to the shortage of pupils. There is apparent now a change for the better. The economic situation in the country, the slow return to normal standards of wage, and other conditions are reflected in increased interest in professional training among young women who, during the period of the war, were attracted away by inducement of wages with which the hospital could not compete.

REPORT OF THE SUPERINTENDENT OF NURSES.

To the Superintendent.

I herewith submit the annual report of the Training School for Nurses.

The nursing staff for the year ending Nov. 30, 1920, was as follows: —

Superintendent of nurses,	1
Assistant superintendent of nurses,	1
Supervisor, day,	1
Head nurses,	7
Charge attendants,	5
Day nurses, graduates,	5
Day nurses, pupils,	11
Day attendants,	15

Night nurses, graduates,	2
Night nurses, pupils,	3
Night attendants,	6
Total,	<hr/> 57

Intermediate pupils at the affiliated school in New York, Bellevue
and Allied Hospitals, 7

The Training School graduated this year nine nurses, making a total of 230 graduates since the organization of the school. The graduating exercises were held Nov. 17, 1920, the speaker being Judge Alden P. White of Salem, who gave a very interesting and inspiring talk on Florence Nightingale.

Miss L. Maude Bowie, who had been here as assistant superintendent of nurses since August, 1915, with the exception of one year spent in war service, left in June, 1920, to take a position in the Cottage Hospital, Santa Barbara, Cal. Her departure was a distinct loss to the Training School, as her interest and thoroughness had been unfailing during her entire service here.

In October, 1920, we were fortunate in securing the services of Miss H. Florence Yeaton as assistant superintendent of nurses. She had been here in 1918 as head nurse on the infirmary ward, and left to take up special postgraduate work. Professionally and otherwise she is well qualified to fill the place with satisfaction.

During the last year the work has been very heavy, due to the shortage of nurses and attendants, but since Oct. 1, 1920, this has changed for the better very markedly.

There have been some changes in the curriculum of the Training School, as follows: A short course in chemistry, being put in for the first-year pupils. This course is being given by Mr. Young of the Essex County Agricultural School. Also an additional course in dietetics for the first-year pupils has been put in. The seniors are having more laboratory work, and are also getting a special course of lectures and demonstrations in the care and treatment of the eye, ear, nose and throat which is being given at the Massachusetts Eye and Ear Infirmary, Boston, by the staff there.

I am glad of the opportunity to thank those who stayed by so loyally and helped us through the past hard year.

Respectfully submitted,

JEAN TAYLOR, R.N.,
Superintendent of Nurses.

SOCIAL SERVICE WORK.

No other hospital agency has contributed more towards hospital efficiency, in the field of medico-social relations with our patients, than the social service department. The hospital has been fortunate in being able to retain in this department Miss Bertha C. Reynolds, the head social worker, and her assistant, Miss Eda W. Fitch.

REPORT OF THE SOCIAL SERVICE DEPARTMENT.

To the Superintendent.

The new achievement of the year in the social service department has been the inauguration, under the leadership of the director of social work of the Department of Mental Diseases, of a system of record keeping which has made it possible to analyse the work statistically. The effort spent upon this analysis has resulted in a broader perspective in planning the work, and will result, we hope, in better direction of effort, which is most important where human needs must always outrun the power of a limited staff of workers to help.

Through the year the department has had the full-time service of one worker, and for the last six months, of two, the second worker, Miss Eda W. Fitch, having previously given half time while taking courses at the Boston School of Social Work. The department has also had the use of a Ford car, which is a great advantage in a district where fifty miles are covered in the usual day's work.

ANALYSIS OF THE SOCIAL WORK DONE.

I. *How many Patients were dealt with in Some Way by Social Service during the Year?*

A total of 322 persons came to the department, — 178 men and 144 women. Of these, 68 persons, 34 men and 34 women, were being dealt with in some way at the opening of the year, Dec. 1, 1919; 215 patients, 127 men and 88 women, had never been referred to social service before; 17 men and 22 women, or 39 in all, came as renewed cases. Of the total number, 322, only 3 were not patients of this hospital, but were referred to the department for social advice by outside agencies.

II. *How do Patients come to the Attention of the Social Service Department?*

In the past year the 215 new persons who came to the department were referred in the following ways: —

TABLE A. — *Sources of New Cases.*

	Males.	Females.	Totals.
Referred by physicians of this hospital,	86	57	143
Referred by outside agencies,	22	6	28
Referred by friends of patients,	3	5	8
Referred on the patient's own initiative, . . .	5	3	8
Selected by the social worker,	11	17	28
	127	88	215

The outside agencies referring include other hospital social service departments, family welfare societies, children's aid societies, etc. The Department of Mental Diseases referred 18 cases of ex-soldiers for social history and special after-care.

III. *Why are Patients referred to the Social Service Department?*

The total number of cases analyzed under the purposes for which they were considered is 373, — 201 men and 172 women. The total, 373, includes 51 who were referred more than once during the year, or for more than one purpose.

TABLE B. — *Purposes for which Considered.*

	Males.	Females.	Totals.
Medical history taken at hospital,	9	12	21
Medical social history, outside hospital, . . .	47	21	68
Home investigation before discharge,	17	10	27
Social investigation,	10	1	11
Special investigation,	49	30	79
Special supervision,	41	41	82
Family assistance,	7	2	9
Venereal disease clinics,	1	1	2
Consideration for boarding out,	—	11	11
Visiting while boarding out,	—	28	28
Miscellaneous,	20	15	35
	201	172	373

It will be noted that a large part of the work, as it has been done this year, is included under medical social histories, special investigations, and special supervision. *Medical social histories* are medical histories taken by the social worker in the community, and include important facts about the social background of the patient's life. Often a number of sources are visited before a complete story is obtained. The physicians refer cases for this service where relatives have not come to the hospital to give a history, or where the social factors are particularly important.

Investigations differ from histories in that they are studies made with a purpose of working out some plan for the patient or his family. *Social investigations*, such as are made in court, or observation cases, for instance, are studies of the patient's personality in reaction to his environment in the perspective of his whole life. *Special investigations* are made with some limited object, such as, for instance, finding employment, clearing up some particular statement, or readjusting some irritating factor in the patient's home life.

Cases considered for special supervision are those where it is felt that home visiting will be helpful to the patient after he leaves the hospital. Most of the cases selected by the social worker (see Table A) come under this group.

A most important part of the work, and one which ought to be extended, is that of *home investigation before discharge*. Much maladjustment of the patient and much misunderstanding on the part of the family can be prevented if a study of the environment can be made before the patient leaves the hospital. Sometimes facts are brought out which the physicians wish to have before them in deciding for or against discharge.

Under the miscellaneous group fall a variety of small tasks — such as looking up clothing, for instance — which do not strictly come under the head of social work, but serve a useful purpose. The physicians have been considerate in reducing to a minimum requests for these community errands, thus leaving time for work requiring the skill of a trained worker.

IV. *What was wrong with Patients referred to Social Service?*

1. From the point of view of mental medicine?
2. In their social relations?

1. The medical diagnoses of new cases are as follows: —

TABLE C.

	Males.	Females.	Totals.
Senile psychoses,	3	9	12
Psychoses with cerebral arteriosclerosis,	7	2	9
General paralysis,	1	3	4
Psychoses with other brain disease,	1	—	1
Alcoholic psychoses,	17	6	23
Psychoses with somatic disease,	6	1	7
Manic depressive,	12	19	31
Involution melancholia,	—	1	1
Dementia præcox,	41	16	57
Paranoid conditions,	6	5	11
Psychoneuroses,	3	8	11
Psychoses with constitutional psychopathic inferiority,	7	1	8
Psychoses with mental deficiency,	8	3	11
Undiagnosed,	13	8	21
Not insane,	2	4	6
Not brought before the staff,	—	2	2
	127	88	215

2. *The social problems* in all cases considered during the year were analyzed as follows, a total of 371 cases, including 49 cases which were referred more than once or presented more than one marked social problem: —

TABLE D. — *Social Problems.*

	Males.	Females.	Totals.
Disease, mental,	106	60	166
Disease, physical,	4	2	6
Poverty,	9	5	14
Environment,	14	23	37
Sex problems,	4	11	15
Employment problems,	13	—	13
Family dissension,	8	10	18
Legal problems,	3	3	6
Moral problems,	26	19	45
	Males.	Females.	Totals.
Drug addiction without psychosis,	—	1	1
Alcoholic addiction without psychosis,	11	3	14
Wayward tendencies,	9	5	14
Vacillating interests,	1	—	1
Temperament,	5	10	15
Criminality,	7	1	8
Unclassed,	1	2	3
No social problem,	6	34	40
	201	170	371

As would be expected, in the larger number of cases mental disease is the predominant problem. This does not mean, however, that the social worker has nothing she can do for the patient. Granted that the person is unable to adjust himself to life in competition with other people because of mental disease, it is often possible to find or create conditions under which he *can* live without undue strain.

In another large group of cases, 37, the environment seems to present the chief problem, having even had in some cases, perhaps, an influence in producing the mental disability.

Those problems are classed as moral in which it is believed that with training the person could be helped to overcome his handicapping habit; that is, that it is not so far beyond his control as to become a symptom of mental disease.

An unfortunately large part is played by family dissension in the total burden of social problems.

V. *What was really accomplished for the Patients by Social Service?*

Nothing is harder to estimate statistically, but certain definite things can be noted, as in Table E, even though much varied service must be summed up under a single term.

The 399 cases include 77 listed more than once, as being renewed or as receiving more than one form of service.

TABLE E. — *Service Rendered.*

	Males.	Females.	Totals.
Arrangements made for medical care,	2	2	4
Readjustments in home,	4	11	15
Readjustments in work,	4	6	10
Readjustments in recreation,	—	1	1
Readjustments in church,	—	1	1
Arrangements made for community supervision,	2	3	5
Referred to relief agencies,	6	—	6
Referred to special agencies,	1	3	4
Referred to venereal disease clinics,	1	1	2
Referred to employment agencies,	1	—	1
Legal aid secured,	—	1	1
Advice to patients,	14	21	35
Advice to relatives,	49	19	68
Contribution to diagnosis,	56	26	82
Contribution to decision in regard to discharge,	22	14	36
Contribution to morale,	18	22	40
Visiting boarding patients,	—	28	28
Miscellaneous,	37	23	60
	Males.	Females.	Totals.
Advice to social agency,	2	2	4
Information to social agency,	3	4	7
Verifying patient's statement,	1	—	1
Looking up property or clothing,	2	3	5
Giving transportation home,	—	2	2
Assisting Red Cross with soldiers' compensation claims.	17	—	17
Unfinished,	2	2	4
No social service required,	10	10	20
	217	182	399

From this table it will be seen that the largest figure, 82, is for *contributions to diagnosis*, which constituted the service rendered to the patient by history-taking or certain forms of investigation. This, with *contributions to decision in regard to discharge*, represents also the service of the department to the work of the medical staff.

Advice to patients and relatives also fills a large place in the table, and reveals how much of the work is educational. Advice is a blanket term which includes many things, such as explanation of hospital methods to relatives of patients, teaching of the simple principles of hygiene, introducing to recreational opportunities, or interpreting to each other the dissenting parties in a quarrel.

In a certain group of cases the service cannot be considered to be "advice," even in its broad sense, and yet the patient or his family feel that the visits of the social worker have been helpful in giving strength and encouragement. In 40 cases, therefore, the service is simply *contribution to morale*.

One important part of the work makes little showing in the table, — the employment work for discharged patients. This is because the work is done so predominantly with the purpose of adjusting the disordered personality to life as a whole that job-finding does not stand out as the important service in and for itself. As will be seen, a few cases are referred to the regular employment agencies, but much is done through relatives and interested people. Sometimes the social worker finds the work herself, and often she turns to those already interested, and contributes her understanding of the patient's needs and possibilities.

VI. *How have these Patients left the Care of the Social Service Department?*

The disposition of social cases is shown in the table following. The total number, 358, includes 36 cases which came more than once during the year.

TABLE F. — *Disposition of Social Cases.*

	Males.	Females.	Totals.
Cases closed,	153	120	273
Cases still open,	44	41	85
	197	161	358

Cases are closed at the end of each month if the work for which they were referred has been done, or there is no social service likely to be required for some time. The cases still open for social work include a group of 40 ex-soldiers and a group of 20 women boarded in family care. Of the cases closed, 58 men and 11 women, a total of 69, were referred to other agencies. A large number of these were ex-soldiers referred to the Red Cross for attention to their compensation claims.

VII. *Supplementary Data.*

1. *Social Treatment Visits.* — One way of estimating the amount of work which has gone into the after-care of patients is by the number of visits to patients in their homes. One hundred and twelve were made to patients and 153 to relatives during the year. This total of 265 does not include visits for information only, as, for instance, to obtain history.

2. *Co-operation with Other Social Agencies.* — During the year 178 visits were made to social agencies to secure or give information or co-operation.

3. *Contacts with Patients on the Wards.* — Aside from numerous friendly contacts in passing through the wards, 115 interviews for definite purposes were held with ward patients.

4. *Family-care Work.* — There were at the beginning of the year 24 patients, all women, boarded by the hospital in family homes under the State-wide family-care plan, and at the close of the year 20 were in care. Nine were returned to the hospital, 3 were placed, and 2 were placed again after return. The visits paid to family-care patients during the year were 102. Seventeen family boarding or wage homes were investigated. Of these, 7 proved suitable for use and 10 were unsuitable.

5. *Clinic Work.* — One of the social workers attends, with the physician, the weekly evening clinics, held in turn in six of the larger cities of the district. This enables her to see some of the patients on visit whom she does not have time to call upon in their homes. The number of interviews with patients at clinics represents real interviews, and does not include casual meetings.

TABLE G. — *Interviews.*

Number of patients interviewed at clinics,	122
Number of relatives interviewed at clinics,	29
Social cases selected at clinics,	12
Clinic cases referred to social agencies,	3

6. Miscellaneous work includes a course of lectures, eight this year, given to the senior nurses-in-training on social principles useful in nursing. Training, both of others who are assisting and of herself, is always an essential part of the social worker's task.

In closing, this report would be incomplete without a word of appreciation of the cordial helpfulness which has met the workers unflinching from the medical staff and all whose work has interlocked with theirs. Just as social service *is* co-operation, so it cannot grow except in the soil of co-operation, and for having that in such abundant measure the workers are most deeply grateful.

Respectfully submitted,

BERTHA C. REYNOLDS,
Head of Social Service Department.

NEW CONSTRUCTION.

Aside from ordinary repairs and improvements, the force of carpenters and masons have put in as much effort as possible in the construction of the verandas and the additions at Middleton Colony. It is anticipated the verandas will be opened for occupancy this winter, and the new accommodations at the Middleton Colony in the coming summer.

In addition to ordinary repairs it was found necessary to re-shingle all but two of the buildings at the Middleton Colony. The male tuberculosis building was also reshingled. Extensive repairs were necessary at the barn and adjoining sheds. Two concrete-walled bull-pens were erected at the barn, connecting with sleeping and feeding shelters. The roof of the assembly hall, being in bad condition, was thoroughly repaired. Foundations were laid for an extension to the garage, which will accommodate the trucks and officers' cars. At the site of the new power plant it was necessary to excavate a ditch, averaging 11 feet in depth, to take care of surface drainage and sewer lines. This proved to be a very difficult project, owing to the nature of the soil, which at that depth was subject to caving in.

FARM.

Under the direction of William W. Gordon, the head farmer, there has been a decided effort in the direction of farm improvement and management. A program of crop rotation has been worked out under the guidance of Mr. Forrestall of the Department of Mental Diseases. Under his direction, also, the cultivation of crops of the various kinds has been attempted in accordance with anticipated needs and the capabilities of our farm force. For the first time in years there has been an intelligently directed effort to correlate means with needs, and to obtain the best results with the means at our disposal. Without question, the action of the Commission in appointing a director of farm industries has been a long step in the line of efficiency and progress.

The farm has produced, during the year, 267 tons of hay, 135 tons of green feed, 560 tons of corn ensilage, 80 tons of mangel-wurzels, 1,380 bushels of turnips, 965 bushels of carrots, 635 bushels of beets, 530 bushels of parsnips, and 40 tons of cabbage.

There have also been produced for consumption in the hospital 54,810 pounds of dressed pork, 18,804 pounds of beef, 4,678 pounds of chicken and fowl, 172 pounds of veal, 9,448 dozen eggs, 265,205 quarts of milk, and 1,995 bushels of potatoes.

A Heider tractor was purchased last year, enabling us to have an acreage under cultivation which would otherwise have been impossible.

Several acres of rough land were broken in and sowed down in rye. A great deal of drainage work was accomplished. One hundred young apple trees were set out. From the newly broken-in land a large quantity of rock was obtained suitable for crushing.

NEEDS.

In last year's report a schedule of needs and future development was outlined. The first and most important of these needs was provided for by the last Legislature by a grant of \$250,000 for the construction and equipment of a new power

plant adjacent to the coal trestle, and connected to the main hospital by a tunnel. Work upon this building was begun by the contractors, the E. H. Porter Company of Peabody, early in November.

The changes and new improvements outlined in the program must await the completion of the new power plant.

Certain special needs for which an appropriation is requested are as follows: —

Installation of Grinnell Automatic Sprinkler System for Fire Protection at Middleton Colony. — The fire hazard at the Middleton Colony is very great. The buildings are of wooden construction. They are connected by long wooden corridors, which in case of fire would serve as shafts through which the flames would spread rapidly from one unit to another. This isolated group of buildings is situated about a mile away from the main hospital. At any season, prompt assistance is made difficult by reason of the distance, and in winter it sometimes happens that communication is greatly impeded by reason of snowdrifts.

The class of patients cared for at the colony are among the most helpless and dependent in the whole hospital. Two hundred and fifty women, mostly senile demented, are housed in this group of buildings. In case of a serious fire these demented women, lacking in initiative and understanding, would be exposed to perils of the most fearful character. The danger to life justifies the demand for the fullest protection against the possibilities of a fire catastrophe.

Proposals have been submitted by the Grinnell Company to install a sprinkler system in the basement, first and second stories and attics, conforming to the requirements of the National Board of Fire Underwriters, at a cost of \$21,200.

Fence for Recreation Courts. — The recreation courts, so called, for the disturbed patients of A and B sections are small, enclosed areas, surrounded by high, unsightly board fences. The area included within these wooden walls is too small for the purposes for which the courts were designed. It is not possible to install within such restricted spaces the equipment, nor to carry on the diversional and recreational activities, best adapted to promote the mental and physical well-being of the patients.

It is proposed to enlarge the courts and replace the existing fences with wire fencing, so that the view of the outer world shall not be limited by blank walls. The enlarged area will permit the carrying on of calisthenics, games and other healthful exercises, and the suggestion of imprisonment and restraint conveyed by the existing enclosures will be done away with.

The Wickwire Spence Steel Corporation has submitted proposals for materials for fence, gate and posts. The estimated cost of materials is \$873.

Material for Salvage Sheds. — One of the needs of the hospital is salvage sheds. Last year sufficient appropriation was allowed to cover cost of fence for the salvage yard. For the storage of lumber, boards, etc., two sheds are needed, each 75 by 20 feet.

An appropriation to cover cost of material for this purpose is requested. The estimated cost of lumber, etc., for this purpose is \$1,390.

Relining Gas Retort. — The gas retorts require relining. Such work calls for specially skilled labor. Estimated cost of material and skilled labor, submitted by James W. McArdle, Boston, is \$711.

RELIGIOUS SERVICES.

Religious services were held regularly each Sunday, the Catholic clergyman officiating in the forenoons, and Protestant clergyman in the afternoon. Religious services were also held monthly at the colony. Responses to sick calls, or to administer the rites of their religion to the dying, have been faithfully made by the clergy.

DONATIONS.

The following friends of the hospital have contributed money toward entertaining of the patients: Miss Annie M. Kilham and Miss Mary W. Nichols.

This money is used largely at Christmas and other holidays to provide extra amusement and entertainment for the patients.

The following donations of books and magazines by friends of the hospital are gratefully acknowledged: Mrs. F. D. Grantham, Danvers, magazines; Mrs. A. E. Liebsch, Salem, postal cards; Mrs. A. G. Perley, Danvers, magazines; Mrs.

C. M. Burnham, Boston, books and magazines; Mr. F. H. Perry, Beverly, magazines; Mr. Gilman W. Brown, Hathorne, magazines; Mr. F. H. Chase, Boston, "Atlantic Monthly;" Mrs. W. L. Winslow, Fall River, "American Magazine;" Mrs. I. M. Drummond, Fall River, "American Magazine;" Mrs. G. S. Richardson, Lowell, framed photograph; Miss Ethna, Mr. and Mrs. Porter, and Miss Edith Porter, Peabody, candy; Miss Frances H. Clayton, Danvers State Hospital, books; Mr. Michael Doherty, Danvers State Hospital, books; Mr. and Mrs. Willis Ropes, Danvers, decorations, flowers, magazines; Dr. E. A. Stevenson, Danvers State Hospital, magazines.

ENTERTAINMENTS AND AMUSEMENTS.

During the winter dances for the patients were held on Monday evenings; moving pictures were exhibited Thursday and Friday evenings. At Christmas and New Year's a special program of entertainments was given. The hospital orchestra furnished music for all dances and entertainments.

During the summer baseball holds the greatest attraction for the patients. Matches between picked teams, made up of hospital employees and patients, aroused a great deal of enthusiastic rivalry; in fact, the interest displayed was greater than when the hospital was matched against visiting teams.

The Kilties Band gave an excellent concert at the hospital, which was greatly enjoyed by the patients.

Field sports were held on the Fourth of July.

The Christmas season was suitably observed at the hospital. Christmas trees in all the wards, and a profusion of evergreens, tastefully arranged by the patients and employees, gave a real holiday appearance to the whole place. A generous response was made by the friends of patients and the public to our holiday announcements. The majority of our sick were generously remembered by their friends. The hospital, as well, contributed gifts, and special attention was given to those cases who were without relatives or friends interested in them.

COMMUNITY CLUB.

For the benefit of employees, a Community Club has been organized. Membership is open to all employees. A room, formerly used as a storeroom, has been renovated and equipped as a reading and rest room. Adjoining it is a smoking room for the men. The nurses' alumnæ have contributed a fine Brunswick phonograph with a large number of records.

The club has proven a most important factor in promoting healthy social activities among the employees. It has brought about friendly intercourse, and added greatly towards the pleasures and enjoyment of the workers, whose interests were formerly so much neglected. Dances and whist parties, chap-eroned by members of the club, and lectures and talks on interesting subjects by visitors, or persons connected with the hospital, were held weekly in the hospital assembly room.

CONCLUSION.

I wish to express my grateful appreciation of the loyal and efficient services rendered by officers and employees as a whole, and of the support, counsel and uniformly generous consideration which has been extended to me at all times, in behalf of the hospital, by your Board.

Respectfully submitted,

JOHN B. MACDONALD,
Superintendent.

TREASURER'S REPORT.

To the Department of Mental Diseases.

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1920:—

CASH ACCOUNT.

Balance Dec. 1, 1919, \$4,615 07

Receipts.

Institution Receipts.

Board of inmates:—

Private, \$43,173 47

Reimbursements, insane, 43,768 06

Other reimbursements, insane (collected
by State Treasurer), 20 00

\$86,961 53

Sales:—

Travel, transportation and office ex-
penses, \$6 25

Food, 470 43

Clothing and materials, 178 38

Furnishings and household supplies, 113 48

Medical and general care, 140 65

Heat, light and power, 104 38

Farm and stable:—

Cows and calves, \$714 44

Pigs and hogs, 12 00

Hides, 46 82

Ice, 160 75

Vegetables, 1 00

Sundries, 12 90

947 91

Grounds, 162 06

Repairs, ordinary, 56 06

Industries, 1,943 56

4,123 16

Miscellaneous receipts:—

Interest on bank balances, \$369 09

Rent, 150 00

Sundries, 151 41

670 50

91,755 19

Amount carried forward, \$96,370 26

Amount brought forward, \$96,370 26

Receipts from Treasury of Commonwealth.

Maintenance appropriations: —

Balance of 1919,	\$38,881 84	
Advance money on hand November 30 (regular, \$30,000; account of October schedule, \$35,000), . .	65,000 00	
Approved schedules of 1920,	486,629 64	
	<hr/>	590,511 48
Special appropriations,		18,963 73
		<hr/>
Total,		\$705,845 47

Payments.

To treasury of Commonwealth: —

Institution receipts,	\$91,755 19	
Refunds (account of maintenance, \$58.65; account of special appropriations, \$1,396.60),	1,455 25	
	<hr/>	\$93,210 44

Maintenance appropriations: —

Balance November schedule, 1919,	\$43,496 91	
Eleven months' schedules, 1920,	\$526,955 75	
Less returned,	58 65	
	<hr/>	526,897 10
November advances,	21,531 69	
	<hr/>	591,925 70

Special appropriations: —

Approved schedules,	\$18,963 73	
Less returned,	1,396 60	
	<hr/>	17,567 13

Balance, Nov. 30, 1920: —

In bank,	\$2,030 33	
In office,	1,111 87	
	<hr/>	3,142 20

Total, \$705,845 47

MAINTENANCE.

Appropriation, current year,	\$630,700 00
Expenses (as analysed below),	588,640 97
	<hr/>

Balance reverting to treasury of Commonwealth, \$42,059 03

Analysis of Expenses.

Personal services: —

John B. Macdonald, superintendent,	\$4,100 00
Medical,	10,035 39
Administration,	13,389 26
Kitchen and dining-room service,	11,324 55
Domestic,	14,783 54
Ward service (male),	40,784 08
	<hr/>

Amount carried forward, \$94,416 82

<i>Amount brought forward,</i>	\$94,416 82	
Personal services — <i>Con.</i>		
Ward service (female),	33,818 80	
Industrial and educational department,	2,415 38	
Engineering department,	30,882 69	
Repairs,	21,973 57	
Farm,	11,257 56	
Stable, garage and grounds,	3,613 54	
	<hr/>	198,378 36
Religious instruction: —		
Catholic,	\$821 45	
Hebrew,	30 00	
Protestant,	345 00	
	<hr/>	1,196 45
Travel, transportation and office expenses: —		
Advertising,	\$3 00	
Postage,	499 49	
Printing and binding,	821 41	
Printing annual report,	319 62	
Stationery and office supplies,	1,946 57	
Telephone and telegraph,	1,440 06	
Travel,	964 73	
	<hr/>	5,994 88
Food: —		
Flour,	\$28,582 24	
Cereals, rice, meal, etc.,	3,405 58	
Bread, crackers, etc.,	1,159 18	
Peas and beans (canned and dried),	2,988 91	
Macaroni and spaghetti,	564 96	
Potatoes,	6,635 69	
Meat,	27,587 43	
Fish (fresh, cured and canned),	6,347 26	
Butter,	7,073 22	
Butterine, etc.,	8,171 80	
Peanut butter,	10 00	
Cheese,	1,834 28	
Coffee,	901 07	
Coffee substitutes,	1,218 14	
Tea,	665 31	
Cocoa,	167 23	
Whole milk,	7,116 03	
Milk (condensed, evaporated, etc.),	278 57	
Eggs (fresh),	3,163 58	
Sugar (cane),	8,584 27	
Fruit (fresh),	1,383 23	
Fruit (dried and preserved),	5,681 81	
Lard and substitutes,	2,119 07	
Molasses and syrups,	1,590 46	
Vegetables (fresh),	221 61	
Vegetables (canned and dried),	123 10	
Seasonings and condiments,	2,691 28	
Yeast, baking powder, etc.,	525 73	
	<hr/>	130,791 04
<i>Amount carried forward,</i>	\$336,360 73	

<i>Amount brought forward,</i>		\$336,360 73
Clothing and materials: —		
Boots, shoes and rubbers,	\$761 79	
Clothing (outer),	9,116 15	
Clothing (under),	1,124 82	
Dry goods for clothing,	5,275 84	
Hats and caps,	210 72	
Leather and shoe findings,	2,452 05	
Machinery for manufacturing,	118 78	
Socks and smallwares,	1,880 24	
		20,940 39
Furnishings and household supplies: —		
Beds, bedding, etc.,	\$9,532 70	
Carpets, rugs, etc.,	2,353 47	
Crockery, glassware, cutlery, etc.,	3,896 01	
Dry goods and small wares,	1,958 94	
Electric lamps,	826 94	
Fire hose and extinguishers,	372 53	
Furniture, upholstery, etc.,	1,759 53	
Kitchen and household wares,	8,009 90	
Laundry supplies and materials,	2,243 20	
Lavatory supplies and disinfectants,	1,612 78	
Machinery for manufacturing,	33 65	
Table linen, paper napkins, towels, etc.,	3,751 21	
		36,350 86
Medical and general care: —		
Books, periodicals, etc.,	\$771 20	
Entertainments, games, etc.,	3,413 24	
Funeral expenses,	10 00	
Gratuities,	78 00	
Ice and refrigeration,	1,085 22	
Laboratory supplies and apparatus,	836 40	
Medicines (supplies and apparatus),	2,712 99	
Medical attendance (extra),	1,082 19	
Patients boarded out,	3,692 55	
Return of runaways,	4 00	
School books and supplies,	32 63	
Tobacco, pipes, matches,	1,125 02	
Water,	9,042 20	
		23,885 64
Heat, light and power: —		
Coal (bituminous),	\$64,757 96	
Freight and cartage,	27,620 43	
Coal (anthracite),	1,191 57	
Freight and cartage,	1,001 49	
Gas,	1,399 31	
Oil,	581 08	
Operating supplies for boilers and engines,	1,485 37	
		98,037 21
Farm: —		
Bedding materials,	\$1,642 43	
Blacksmithing and supplies,	111 63	
Carriages, wagons and repairs,	96 00	
<i>Amounts carried forward,</i>	\$1,850 06	\$515,574 83

<i>Amounts brought forward,</i>		\$1,850 06	\$515,574 83
Farm — <i>Con.</i>			
Dairy equipment and supplies,		594 55	
Fencing materials,		31 04	
Fertilizers,		2,819 68	
Grain, etc.,		20,499 78	
Hay,		1,900 04	
Harnesses and repairs,		249 55	
Other live stock,		50 00	
Labor (not on pay roll),		20 00	
Rent,		250 00	
Road work and materials,		1,471 80	
Spraying materials,		189 18	
Stable and barn supplies,		33 54	
Tools, implements, machines, etc.,		3,403 36	
Trees, vines, seeds, etc.,		1,998 08	
Veterinary services, supplies, etc.,		500 20	
Ground limestone,		649 35	
		<hr/>	36,510 21
Garage, stable and grounds: —			
Motor vehicles,		\$2,301 63	
Automobile repairs and supplies,		5,690 14	
Bedding and materials,		30 00	
Blacksmithing and supplies,		111 44	
Fertilizers,		7 59	
Grain,		274 47	
Labor (not on pay roll),		30 00	
Road work and materials,		901 78	
Spraying materials,		43 05	
Tools, implements, machines, etc.,		308 03	
Trees, vines, seeds, etc.,		158 24	
		<hr/>	9,856 37
Repairs, ordinary: —			
Brick,		\$173 62	
Cement, lime, crushed stone, etc.,		387 41	
Electrical work and supplies,		1,739 52	
Hardware, iron, steel, etc.,		1,356 58	
Labor (not on pay roll),		11 67	
Lumber, etc. (including finished products),		1,844 83	
Paint, oil, glass, etc.,		4,540 23	
Plumbing and supplies,		3,095 46	
Roofing and materials,		2,761 27	
Steam fittings and supplies,		1,694 72	
Tools, machines, etc.,		517 99	
Boilers, repairs,		3,384 93	
Dynamos, repairs,		20 35	
		<hr/>	21,528 58
Repairs and renewals: —			
Materials for salvage sheds and fence,		\$1,446 18	
Drying tumbler,		2,085 00	
Doors and windows for verandas,		1,639 80	
		<hr/>	5,170 98
Total expenses for maintenance,			<hr/>
			\$588,640 97

SPECIAL APPROPRIATIONS.

Balance Dec. 1, 1919,		\$8,198 78
Appropriations for current year,		250,000 00
		<hr/>
Total,		\$258,198 78
Expended during the year,	\$17,567 13	
Reverting to treasury of Commonwealth,	8 38	
		<hr/>
		17,575 51
		<hr/>
Balance Nov. 30, 1920, carried to next year,		\$240,623 27

RESOURCES AND LIABILITIES.

Resources.

Cash on hand,	\$3,142 20	
November cash vouchers (paid from advance money):—		
Account of maintenance,	\$21,531 69	
October schedule,	40,326 11	
		<hr/>
		61,857 80
		<hr/>
		\$65,000 00
Due from treasury of Commonwealth from available appropriation:—		
Account October, 1920, schedule,	5,326 11	
Account November, 1920, schedule,	31,743 87	
		<hr/>
		\$102,069 98

Liabilities.

Schedule of November bills,	\$61,743 87
October schedule approved in December,	40,326 11
	<hr/>
	\$102,069 98

PER CAPITA.

During the year the average number of inmates has been 1,529.
 Total cost for maintenance, \$588,640.97.
 Equal to a weekly per capita cost of \$7.4035.
 Receipt from sales, \$4,123.16.
 Equal to a weekly per capita of \$0.0518.
 All other institution receipts, \$87,632.03.
 Equal to a weekly per capita of \$1.1021.

Respectfully submitted,

GLADYS E. LEACH,

Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

ALONZO B. COOK,

Auditor.

VALUATION.

Nov. 30, 1920.

REAL ESTATE.

Land (517 acres),	\$80,452 50
Buildings,	2,294,354 50
	<hr/>
	\$2,374,807 00

PERSONAL PROPERTY.

Travel, transportation and office expenses,	\$12,601 87
Food,	27,457 24
Clothing and materials,	14,327 77
Furnishings and household supplies,	90,609 92
Medical and general care,	11,153 64
Heat, light and power,	12,693 40
Farm and stable,	45,943 70
Grounds,	10,294 06
Repairs,	27,548 98
	<hr/>
	\$252,630 58

SUMMARY.

Real estate,	\$2,374,807 00
Personal property,	252,630 58
	<hr/>
	\$2,627,437 58

STATISTICAL TABLES

AS ADOPTED BY AMERICAN MEDICO-PSYCHOLOGICAL
ASSOCIATION

PRESCRIBED BY MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

STATISTICAL TABLES.

TABLE 1. — *General Information.*

1. Date of opening as an institution for the insane: May 13, 1878.	
2. Type of institution: State.	
3. Hospital plant:—	
Value of hospital property:—	
Real estate, including buildings,	\$2,320,534 70
Personal property,	252,630 58
Total,	\$2,573,165 28

Total acreage of hospital property, 517.

Acreage under cultivation during year, 334.

4. Medical service (Nov. 30, 1920):—	Men.	Women.	Totals.
Superintendent,	1	—	1
Assistant physicians,	5	1	6
Medical internes,	—	—	—
Clinical assistants,	—	—	—
Total,	6	1	7
5. Employees (Nov. 30, 1920):—	Males.	Females.	Totals.
Graduate nurses,	—	20	20
Other nurses and attendants,	60	61	121
Social workers,	—	2	2
All other employees,	84	52	136
Total,	144	135	279
6. Percentage of patients employed in industrial classes or in general hospital work on date of report,	Men. 75	Women. 54	Totals. 64.5
7. Patients in institution on date of report (excluding paroles),	682	885	1,567

TABLE 2. — *Financial Statement.*

See treasurer's report for data requested under this table.

TABLE 3. — *Movement of Patient Population for the Year ending Sept. 30, 1920.*

	TEMPORARY CARE.			INSANE.			TOTAL ON BOOKS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Patients on books of institution Sept. 30, 1919, Admissions during year: — (a) First admissions, (b) Readmissions, Total admissions, (c) Transfers from other institutions for insane, Total received during year, 3. Total under treatment during year, Discharged from books during year: — (a) As recovered, (b) As improved, (c) As unimproved, (d) As not insane, (e) Transferred to other institutions for insane, (f) Died during year, Total discharged from books during year, 5. Patients remaining on books of institution Sept. 30, 1920,	— 16 — 16 — 16 16 2 3 2 3 — 1 11 5	— 13 2 15 — 15 15 2 1 6 1 — 14 1	— 29 2 31 — 31 31 4 4 8 4 — 25 6	791 235 60 235 6 301 1,092 32 99 18 10 2 96 257 835	1,053 228 77 305 8 313 1,366 19 143 23 — 5 106 296 1,070	1,844 463 137 600 14 614 2,458 51 242 41 10 7 202 553 1,905	791 251 60 311 6 317 1,108 34 102 29 13 1 97 268 840	1,053 241 79 320 8 328 1,381 21 144 29 1 5 110 310 1,071	1,844 492 139 631 14 645 2,489 55 246 49 14 7 207 578 1,911
<i>Supplementary Data.</i>									
6a. Average daily number of patients on books during year,	301	263	564	822	1,032	1,854	823	1,052	1,876
6b. Average daily number of patients actually in institution during year,	301	263	564	664	857	1,521	665	857	1,522
7a. Average daily number of patients in family care,	—	—	—	158	171	329	158	171	329
7b. Average daily number of patients on visit and escape,	—	—	—	—	—	—	—	—	—
8. Number of voluntary patients admitted during year,	—	—	—	—	—	—	—	—	—
9. Number of temporary-care cases admitted during year,	—	—	—	—	—	—	—	—	—
10. Number of patients actually remaining in institution Sept. 30, 1920,	5	1	6	677	884	1,561	682	885	1,567
State,	5	1	6	598	677	1,275	603	678	1,281
Reimbursing,	—	—	—	37	115	152	37	115	152
Private,	—	—	—	42	92	134	42	92	134
11. Number of patients in family care Sept. 30, 1920,	—	—	—	21	21	42	—	—	—
State,	—	—	—	—	17	17	—	17	17
Private,	—	—	—	—	4	4	—	4	4
12. Number of non-insane patients or inmates in institution at end of institution year,	—	—	—	—	—	—	—	—	—
(h) Persons given advice or treatment in out-patient department during year,	—	—	—	—	—	—	103	126	229

TABLE 4. — *Nativity of First Admissions and of Parents of First Admissions.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	Males.	Females.	Totals.	Fathers.	Mothers.	Totals.	Fathers.	Mothers.	Totals.
United States,	129	128	257	71	67	138	72	68	140
Africa,	1	—	1	—	—	—	—	—	—
Asia, ¹	4	—	4	4	4	8	—	—	—
Austria,	1	1	2	1	1	2	1	1	2
Belgium,	1	1	2	1	1	2	34	41	75
Canada, ²	23	31	54	36	38	74	1	2	3
Denmark,	—	1	1	—	—	—	1	1	2
England,	7	5	12	8	14	22	13	11	24
Europe, ¹	1	—	1	1	1	2	2	2	4
Finland,	3	2	5	3	3	6	2	2	4
France,	—	1	1	2	1	3	6	5	11
Germany,	2	6	8	3	3	6	3	3	6
Greece,	3	3	6	3	3	6	53	51	104
Ireland,	20	22	42	42	40	82	8	8	16
Italy,	10	7	17	11	11	22	1	2	3
Poland,	7	3	10	7	7	14	3	4	7
Portugal,	—	2	2	1	—	1	2	2	4
Russia,	14	7	21	14	13	27	8	7	15
Scotland,	3	2	5	7	5	12	6	3	9
Sweden,	4	5	9	7	7	14	8	8	16
Turkey in Europe,	2	1	3	2	2	4	1	2	3
Wales,	—	—	—	2	—	2	—	—	—
Unascertained,	—	—	—	9	14	23	3	5	8
Total,	235	228	463	235	235	470	228	228	456

¹ Not otherwise specified.² Includes Newfoundland.

TABLE 5. — *Citizenship of First Admissions.*

	Males.	Females.	Totals.
Citizens by birth,	131	128	259
Citizens by naturalization,	42	20	62
Aliens,	50	24	74
Citizenship unascertained,	12	56	68
Total,	235	228	463

TABLE 6. — *Psychoses of First Admissions.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	-	-	-	1	-	1
2. Senile, total,	-	-	-	18	40	58
(a) Simple deterioration,	16	35	51			
(b) Presbyophrenic type,	-	-	-			
(c) Delirious and confused states,	-	-	-			
(d) Depressed and agitated states in addition to deterioration,	1	2	3			
(e) Paranoid states in addition to deterioration,	1	1	2			
(f) Presenile types,	-	2	2			
3. With cerebral arteriosclerosis,	-	-	-	23	20	43
4. General paralysis,	-	-	-	35	12	47
5. With cerebral syphilis,	-	-	-	2	-	2
6. With Huntington's chorea,	-	-	-	-	-	-
7. With brain tumor,	-	-	-	2	2	4
8. With other brain or nervous diseases, total,	-	-	-	5	-	5
Cerebral embolism,	1	-	1			
Paralysis agitans,	1	-	1			
Meningitis, tuberculous or other forms,	1	-	1			
Multiple sclerosis,	-	-	-			
Tabes,	1	-	1			
Acute chorea,	-	-	-			
Other conditions,	1	-	1			
9. Alcoholic, total,	-	-	-	17	6	23
(a) Pathological intoxication,	-	-	-			
(b) Delirium tremens,	5	-	5			
(c) Acute hallucinosis,	6	1	7			
(d) Acute paranoid type,	-	-	-			
(e) Korsakow's psychosis,	-	-	-			
(f) Chronic hallucinosis,	2	4	6			
(g) Chronic paranoid type,	1	-	1			
(h) Alcoholic deterioration,	3	1	4			
(i) Other types, acute or chronic,	-	-	-			
10. Due to drugs and other exogenous toxins, total,	-	-	-	2	4	6
(a) Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined,	1	4	5			
(b) Metals, as lead, arsenic, etc.,	1	-	1			
(c) Gases,	-	-	-			
(d) Other exogenous toxins,	-	-	-			
11. With pellagra,	-	-	-	-	2	2

TABLE 6. — *Psychoses of First Admissions* — Concluded.

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
12. With other somatic diseases, total,				12	6	18
(a) Delirium with infectious diseases,	2	1	3			
(b) Post-infectious psychoses,	1	2	3			
(c) Exhaustion delirium,	3	2	5			
(d) Delirium of unknown origin,	1	—	1			
(e) Diseases of the ductless glands,	1	—	1			
(f) Cardiorenal disease,	3	1	4			
(g) Other diseases or conditions,	1	—	1			
13. Manic-depressive, total,				17	34	51
(a) Manic type,	12	11	23			
(b) Depressive type,	4	20	24			
(c) Stupor,	—	—	—			
(d) Mixed type,	1	3	4			
(e) Circular type,	—	—	—			
14. Involution melancholia,				3	6	9
15. Dementia præcox, total,				61	59	120
(a) Paranoid type,	29	24	53			
(b) Katatonic type,	13	15	28			
(c) Hebephrenic type,	17	19	36			
(d) Simple type,	2	1	3			
16. Paranoia and paranoic conditions,				2	4	6
17. Epileptic, total,				3	4	7
(a) Deterioration,	1	3	4			
(b) Clouded states,	1	1	2			
(c) Other conditions,	1	—	1			
18. Psychoneuroses and neuroses, total,				—	5	5
(a) Hysterical type,	—	2	2			
(b) Psychasthenic type,	—	3	3			
(c) Neurasthenic type,	—	—	—			
(d) Anxiety neuroses,	—	—	—			
19. With constitutional psychopathic inferiority,				8	1	9
20. With mental deficiency,				9	18	27
21. Undiagnosed,				7	2	9
22. Not insane, total,				8	3	11
(a) Epilepsy without psychosis,	—	1	1			
(b) Alcoholism without psychosis,	1	—	1			
(c) Drug addiction without psychosis,	—	—	—			
(d) Constitutional psychopathic inferiority without psychosis,	2	—	2			
(e) Mental deficiency without psychosis,	2	1	3			
(f) Others,	3	1	4			

TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses.*

RACE.	TOTAL.			PSYCHOSES.						WITH CEREBRAL SYPHILIS.			WITH BRAIN TUMOR.		
	Males.	Females.	Totals.	TRAUMATIC.			SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
African (black),	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2
Armenian,	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4
Dutch and Flemish,	62	55	117	62	55	117	62	55	117	62	55	117	62	55	117
English,	21	15	36	21	15	36	21	15	36	21	15	36	21	15	36
Finnish,	3	2	5	3	2	5	3	2	5	3	2	5	3	2	5
French,	5	13	18	5	13	18	5	13	18	5	13	18	5	13	18
German,	3	3	6	3	3	6	3	3	6	3	3	6	3	3	6
Greek,	6	2	8	6	2	8	6	2	8	6	2	8	6	2	8
Hebrew,	59	69	128	59	69	128	59	69	128	59	69	128	59	69	128
Irish, ¹	11	8	19	11	8	19	11	8	19	11	8	19	11	8	19
Italian, ¹	7	2	9	7	2	9	7	2	9	7	2	9	7	2	9
Portuguese,	16	17	33	16	17	33	16	17	33	16	17	33	16	17	33
Scandinavian, ²	17	9	26	17	9	26	17	9	26	17	9	26	17	9	26
Scotch,	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3
Slavonic, ³	15	17	32	15	17	32	15	17	32	15	17	32	15	17	32
Turkish,	2	3	5	2	3	5	2	3	5	2	3	5	2	3	5
Welsh,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Mixed,	2	3	5	2	3	5	2	3	5	2	3	5	2	3	5
Race unascertained,	235	228	463	235	228	463	235	228	463	235	228	463	235	228	463
Total,	235	228	463	235	228	463	235	228	463	235	228	463	235	228	463

¹ Includes "North" and "South."² Norwegians, Danes and Swedes.³ Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE 8. — *Age of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			YEARS.																				
				UNDER 15.			15-19.			20-24.			25-29.			30-34.			35-39.			40-44.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
1. Traumatic,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
2. Senile,	18	40	58	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
3. With cerebral arteriosclerosis,	23	20	43	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
4. General paralysis,	35	12	47	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
5. With cerebral syphilis,	2	—	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
6. With Huntington's chorea,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
7. With brain tumor,	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
8. With other brain or nervous diseases,	5	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
9. Alcoholic,	17	6	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
10. Due to drugs and other exogenous toxins,	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
11. With pellagra,	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
12. With other somatic diseases,	12	6	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
13. Manic-depressive,	17	34	51	—	—	—	1	3	4	1	2	3	2	1	3	4	3	7	2	1	3			
14. Involution melancholia,	3	6	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
15. Dementia praecox,	61	59	120	—	—	—	6	7	13	6	6	12	15	5	20	14	11	25	10	6	16			
16. Paranoia or paranoid conditions,	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
17. Epileptic,	3	4	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
18. Psychoneuroses and neuroses,	8	5	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
19. With constitutional psychopathic inferiority,	9	18	27	—	—	—	3	—	3	1	1	1	1	1	1	1	1	1	1	1	1			
20. With mental deficiency,	7	2	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
21. Undiagnosed,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
22. Not insane,	8	3	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Total,	235	228	463	2	—	2	13	10	23	15	12	27	26	13	39	27	21	48	36	29	65			
				2	—	2	13	10	23	15	12	27	26	13	39	27	21	48	36	29	65			
																					</			

TABLE 9. — *Degree of Education of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			ILLITERATE.			READS AND WRITES.			COMMON SCHOOL.			HIGH SCHOOL.			COLLEGE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
2. Senile,	18	40	58	3	9	12	4	8	12	9	19	28	1	3	4	1	1	2	1	1	2
3. With cerebral arteriosclerosis,	23	20	43	2	4	6	5	1	5	12	11	23	4	4	8	1	1	2	1	1	2
4. General paralysis,	35	12	47	2	1	3	6	3	9	22	6	28	4	1	5	1	1	2	1	1	2
5. With cerebral syphilis,	2	—	2	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor,	2	2	4	—	—	—	—	—	—	2	2	4	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	5	—	5	—	—	—	—	—	—	5	—	5	—	—	—	—	—	—	—	—	—
9. Alcoholic,	17	6	23	2	2	4	4	1	5	10	2	12	—	1	1	1	1	1	—	—	—
10. Due to drugs and other exogenous toxins,	—	2	2	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—
11. With pellagra,	2	2	4	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—
12. With other somatic diseases,	12	6	18	1	2	3	3	4	7	8	2	10	—	3	3	—	—	—	—	—	—
13. Manic-depressive,	17	34	51	1	2	3	4	1	5	13	15	28	—	12	12	—	—	—	1	1	2
14. Involution melancholia,	3	6	9	—	—	—	—	—	—	3	3	6	—	2	2	—	—	—	—	—	—
15. Dementia praecox,	61	59	120	4	10	14	16	8	24	29	28	57	10	7	17	—	4	4	2	2	4
16. Paranoia or paranoid conditions,	2	4	6	—	—	—	1	1	2	1	3	4	—	1	1	—	—	—	—	—	—
17. Epileptic,	3	4	7	1	1	2	—	2	2	2	1	3	—	2	2	—	—	—	—	—	—
18. Psychoneuroses and neuroses,	—	5	5	—	—	—	—	2	2	—	3	3	—	—	—	—	—	—	—	—	—
19. With constitutional psychopathic inferiority,	8	1	9	—	—	—	—	1	1	5	1	6	1	—	1	1	1	1	—	—	—
20. With mental deficiency,	9	18	27	6	7	13	1	6	7	2	5	7	—	—	—	—	—	—	—	—	—
21. Undiagnosed,	7	2	9	1	1	2	2	2	4	3	1	4	1	—	1	—	—	—	—	—	—
22. Not insane,	8	3	11	1	1	2	3	1	4	3	1	4	1	—	1	—	—	—	—	—	—
Total,	235	228	463	25	38	63	52	37	89	130	107	237	21	35	56	4	7	11	3	4	7

TABLE 10. — *Environment of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			URBAN.			RURAL.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	1	—	1	1	—	1	—	—	—	—	—	—
2. Senile,	18	40	58	15	39	54	3	1	4	—	—	—
3. With cerebral arteriosclerosis,	23	20	43	22	20	42	—	—	—	—	—	—
4. General paralysis,	35	12	47	35	12	47	—	—	—	—	—	—
5. With cerebral syphilis,	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea,	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor,	2	2	4	2	2	4	—	—	—	—	—	—
8. With other brain or nervous diseases,	5	6	11	5	6	11	—	—	—	—	—	—
9. Alcoholic,	17	4	21	17	4	21	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins,	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra,	—	2	2	—	2	2	—	—	—	—	—	—
12. With other somatic diseases,	12	6	18	11	6	17	1	—	1	—	—	—
13. Manic-depressive,	17	34	51	17	33	50	—	—	—	—	—	—
14. Involution melancholia,	3	6	9	3	6	9	—	—	—	—	—	—
15. Dementia praecox,	61	59	120	60	59	119	1	—	1	—	—	—
16. Paranoia or paranoid conditions,	2	4	6	2	4	6	—	—	—	—	—	—
17. Epileptic,	3	4	7	3	4	7	—	—	—	—	—	—
18. Psychoneuroses and neuroses,	—	5	5	—	5	5	—	—	—	—	—	—
19. With constitutional psychopathic inferiority,	8	1	9	8	1	9	—	—	—	—	—	—
20. With mental deficiency,	9	18	27	9	18	27	—	—	—	—	—	—
21. Undiagnosed,	7	2	9	7	2	9	—	—	—	—	—	—
22. Not insane,	8	3	11	8	3	11	—	—	—	—	—	—
Total,	235	228	463	229	226	455	6	2	8	—	—	—

TABLE 12. — *Use of Alcohol by First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			ABSTINENT.			TEMPERATE.			INTEMPERATE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
2. Senile,	18	40	58	2	34	40	7	1	8	2	2	4	3	3	6
3. With cerebral arteriosclerosis,	23	20	43	6	19	25	17	—	17	3	—	3	1	1	2
4. General paralysis,	35	12	47	6	5	11	20	3	23	8	3	11	1	—	—
5. With cerebral syphilis,	2	—	2	2	—	2	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	5	2	7	3	—	3	1	—	—	—	—	—	—	—	—
9. Alcoholic,	17	6	23	3	—	3	2	—	2	17	—	23	—	—	—
10. Due to drugs and other exogenous toxins,	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra,	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—
12. With other somatic diseases,	12	6	18	1	4	5	8	—	8	2	—	2	1	1	2
13. Manic-depressive,	17	34	51	2	30	32	13	3	16	2	—	2	1	2	3
14. Involution melancholia,	3	6	9	6	—	6	2	—	2	1	—	1	—	—	—
15. Dementia precox,	61	59	120	17	53	70	29	2	31	10	—	10	5	4	9
16. Paranoia or paranoid conditions,	2	4	6	—	3	3	1	—	—	—	—	—	1	—	1
17. Epileptic,	3	4	7	3	—	3	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses,	—	5	5	—	5	5	—	—	—	—	—	—	—	—	—
19. With constitutional psychopathic inferiority,	8	1	9	4	1	5	2	—	2	2	—	2	—	—	—
20. With mental deficiency,	9	18	27	6	12	18	2	1	3	1	4	5	—	1	1
21. Undiagnosed,	7	2	9	—	2	2	4	—	4	3	—	3	—	—	—
22. Not insane,	8	3	11	3	3	6	4	—	4	1	—	1	—	—	—
Total,	235	228	463	57	188	245	112	11	123	53	15	68	13	14	27

TABLE 13. — *Marital Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			SINGLE.			MARRIED.			WIDOWED.			SEPARATED.			DIVORCED.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile,	18	40	58	2	9	11	8	9	17	7	21	28	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis,	23	20	43	4	4	8	16	6	22	3	10	13	—	—	—	—	—	—	—	—	—
4. General paralysis,	35	12	47	10	—	10	24	8	32	1	3	4	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis,	2	—	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor,	2	2	4	—	—	—	2	1	3	—	—	1	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	5	—	5	2	—	2	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic,	17	6	23	5	1	6	10	4	14	1	1	2	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins,	—	—	—	—	—	—	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra,	—	2	2	4	2	6	7	4	11	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases,	12	6	18	4	5	9	10	20	30	2	1	3	—	—	—	—	—	—	—	—	—
13. Manic-depressive,	17	34	51	5	11	16	4	1	5	—	—	—	—	—	—	—	—	—	—	—	—
14. Involution melancholia,	3	6	9	2	2	4	14	25	39	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia praecox,	61	59	120	45	30	75	14	2	16	1	4	5	—	—	—	—	—	—	—	—	—
16. Paranoia or paranoid conditions,	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic,	3	5	8	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses,	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With constitutional psychopathic inferiority,	8	1	9	5	1	6	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency,	9	18	27	8	6	14	1	11	12	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed,	7	2	9	2	1	3	5	1	6	—	—	—	—	—	—	—	—	—	—	—	—
22. Not insane,	8	3	11	3	1	4	5	2	7	—	—	—	—	—	—	—	—	—	—	—	—
Total,	235	228	463	102	71	173	112	105	217	16	45	61	—	1	1	5	6	11	—	—	—

TABLE 14. — *Psychoses of Readmissions.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	-	-	-	-	-	-
2. Senile, total,	2	4	6	2	4	6
(a) Simple deterioration,	-	-	-	-	-	-
(b) Presbyophrenic type,	-	-	-	-	-	-
(c) Delirious and confused states,	-	-	-	-	-	-
(d) Depressed and agitated states in addition to deterioration,	-	-	-	-	-	-
(e) Paranoid states in addition to deterioration,	-	-	-	-	-	-
(f) Presenile types,	-	-	-	-	-	-
3. With cerebral arteriosclerosis,	-	-	-	2	1	3
4. General paralysis,	-	-	-	4	2	6
5. With cerebral syphilis,	-	-	-	-	-	-
6. With Huntington's chorea,	-	-	-	-	-	-
7. With brain tumor,	-	-	-	-	-	-
8. With other brain or nervous diseases, total,	-	-	-	-	-	-
Cerebral embolism,	-	-	-	-	-	-
Paralysis agitans,	-	-	-	-	-	-
Meningitis, tuberculous or other forms,	-	-	-	-	-	-
Multiple sclerosis,	-	-	-	-	-	-
Tabes,	-	-	-	-	-	-
Acute chorea,	-	-	-	-	-	-
Other conditions,	-	-	-	-	-	-
9. Alcoholic, total,	1	-	1	9	-	9
(a) Pathological intoxication,	-	-	-	-	-	-
(b) Delirium tremens,	-	-	-	-	-	-
(c) Acute hallucinosis,	2	-	2	-	-	-
(d) Acute paranoid type,	-	-	-	-	-	-
(e) Korsakow's psychosis,	-	-	-	-	-	-
(f) Chronic hallucinosis,	1	-	1	-	-	-
(g) Chronic paranoid type,	1	-	1	-	-	-
(h) Alcoholic deterioration,	4	-	4	-	-	-
(i) Other types, acute or chronic,	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins, total,	-	-	-	-	1	1
(a) Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined,	-	1	1	-	-	-
(b) Metals, as lead, arsenic, etc.,	-	-	-	-	-	-
(c) Gases,	-	-	-	-	-	-
(d) Other exogenous toxins,	-	-	-	-	-	-
11. With pellagra,	-	-	-	-	-	-
12. With other somatic diseases, total,	-	-	-	1	1	2
(a) Delirium with infectious diseases,	-	-	-	-	-	-
(b) Post-infectious psychoses,	-	-	-	-	-	-
(c) Exhaustion delirium,	-	1	1	-	-	-
(d) Delirium of unknown origin,	-	-	-	-	-	-
(e) Diseases of the ductless glands,	-	-	-	-	-	-
(f) Cardiorenal disease,	1	-	1	-	-	-
(g) Other diseases or conditions,	-	-	-	-	-	-
13. Manic-depressive, total,	15	12	27	17	26	43
(a) Manic type,	1	11	12	-	-	-
(b) Depressive type,	-	3	3	-	-	-
(c) Stupor,	1	-	1	-	-	-
(d) Mixed type,	-	-	-	-	-	-
(e) Circular type,	-	-	-	-	-	-
14. Involution melancholia,	-	-	-	1	2	3

TABLE 14. — *Psychoses of Readmissions* — Concluded.

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
15. Dementia præcox, total,				16	31	47
(a) Paranoid type,	7	14	21			
(b) Katatonic type,	3	9	12			
(c) Hebephrenic type,	5	8	13			
(d) Simple type,	1	—	1			
16. Paranoia and paranoic conditions,				1	—	1
17. Epileptic, total,				—	2	2
(a) Deterioration,	—	1	1			
(b) Clouded states,	—	—	—			
(c) Other conditions,	—	1	1			
18. Psychoneuroses and neuroses, total,				1	—	1
(a) Hysterical type,	1	—	1			
(b) Psychasthenic type,	—	—	—			
(c) Neurasthenic type,	—	—	—			
(d) Anxiety neuroses,	—	—	—			
19. With constitutional psychopathic inferiority,				3	1	4
20. With mental deficiency,				1	5	6
21. Undiagnosed,				2	—	2
22. Not insane, total,				—	1	1
(a) Epilepsy without psychosis,	—	—	—			
(b) Alcoholism without psychosis,	—	—	—			
(c) Drug addiction without psychosis,	—	—	—			
(d) Constitutional psychopathic inferiority without psychosis,	—	1	1			
(e) Mental deficiency without psychosis,	—	—	—			
(f) Others,	—	—	—			
Totals,				60	77	137

TABLE 15. — Discharges of Patients classified with Reference to Principal Psychoses and Condition on Discharge.

PSYCHOSES.	TOTAL.			RECOVERED.			IMPROVED.			UNIMPROVED.			NOT INSANE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	3	—	3	—	—	—	2	—	2	1	—	1	—	—	—
2. Senile,	—	8	8	—	—	—	—	6	6	—	—	—	—	—	—
3. With cerebral arteriosclerosis,	4	10	14	—	—	—	2	9	11	—	—	—	1	—	1
4. General paralysis,	13	5	18	—	—	—	8	2	10	5	3	8	—	—	—
5. With cerebral syphilis,	3	—	3	—	—	—	3	—	3	—	—	—	—	—	—
6. With Huntington's chorea,	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—
7. With brain tumor,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
9. Alcoholic,	39	4	43	13	2	15	25	1	26	1	1	2	—	—	—
10. Due to drugs and other exogenous toxins,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases,	7	13	20	6	3	9	1	9	10	—	—	—	—	—	—
13. Manic-depressive,	31	50	81	10	9	19	20	40	60	1	1	2	—	—	—
14. Involution melancholia,	1	14	15	—	1	1	1	12	13	—	—	—	—	—	—
15. Dementia precox,	26	41	67	2	—	2	20	32	52	4	9	13	—	—	—
16. Paranoia or paranoid conditions,	1	7	8	—	—	—	—	7	7	—	—	—	1	—	1
17. Epileptic,	1	1	2	—	—	—	1	1	2	—	—	—	—	—	—
18. Psychoneuroses and neuroses,	2	13	15	—	2	2	—	11	13	—	—	—	—	—	—
19. With constitutional psychopathic inferiority,	5	—	5	—	—	—	2	3	5	1	—	1	—	—	—
20. With mental deficiency,	9	10	19	1	—	1	5	9	14	4	—	5	—	—	—
21. Undiagnosed,	2	3	5	—	—	—	2	2	4	—	—	—	—	—	—
22. Not insane,	11	5	16	—	2	2	3	2	5	—	—	—	8	—	8
Total,	159	185	344	32	19	51	99	143	242	18	23	41	10	—	10

TABLE 16. — *Causes of Death of Patients classified with Reference to Principal Psychoses.*

CAUSES OF DEATH.	TOTAL.			PSYCHOSES.											
	Males.	Females.	Totals.	SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			ALCOHOLIC.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
<i>General Diseases.</i>															
Diphtheria,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Influenza,	—	3	3	—	2	2	—	—	—	—	—	—	—	—	—
Erysipelas,	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Pellagra,	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of lungs,	5	6	11	—	1	1	—	—	—	—	—	—	1	—	1
Other forms of tuberculosis,	1	1	2	—	—	—	—	—	—	1	1	2	—	—	2
Carcinoma, intestinal,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
<i>Nervous System.</i>															
Cerebrospinal meningitis,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Apoplexy (cerebral hemorrhage),	5	8	13	—	4	4	2	3	5	—	—	—	—	1	1
General paralysis of insane,	29	2	31	—	—	—	—	—	—	29	2	31	—	1	1
Cerebrospinal syphilis,	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
Exhaustion from other mental diseases,	2	3	5	—	—	—	—	—	—	—	—	—	—	1	3
Brain tumor,	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
<i>Circulatory System.</i>															
Chronic myocarditis,	5	5	10	3	3	6	1	—	1	—	—	—	—	1	1
Chronic endocarditis,	2	3	5	—	—	—	—	1	1	—	—	—	—	1	1
Arteriosclerosis,	23	24	47	8	14	22	12	8	20	—	—	—	—	2	3
Other diseases of the arteries,	4	1	5	—	—	—	3	—	3	—	—	—	—	1	1

TABLE 16. — *Causes of Death of Patients classified with Reference to Principal Psychoses — Continued.*

CAUSES OF DEATH.	TOTAL.			PSYCHOSES.											
	Males.	Females.	Totals.	SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			ALCOHOLIC.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
<i>Respiratory System.</i>															
Bronchopneumonia,	6	20	26	3	5	8	—	6	6	1	1	1	1	2	2
Lobar pneumonia,	5	7	12	1	—	1	2	1	3	1	1	1	1	3	4
Other diseases of the respiratory system,	—	1	1	—	1	1	—	—	—	—	—	—	—	1	1
<i>Digestive System.</i>															
Ulcer of stomach,	2	—	2	—	—	—	—	—	—	—	—	—	1	—	1
Diarrhea and enteritis,	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Intestinal obstruction,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of intestines,	—	6	6	—	1	1	—	—	—	—	—	—	—	2	2
Cirrhosis of liver,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of digestive system (cancer and tuberculosis excepted),	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
<i>Genitourinary System.</i>															
Acute nephritis,	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Chronic nephritis,	—	4	4	—	1	1	—	—	—	—	—	—	—	1	1
<i>Violence.</i>															
Suicide by hanging,	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Total,	96	106	202	16	32	48	20	19	39	29	5	34	3	16	22

TABLE 16. — *Causes of Death of Patients classified with Reference to Principal Psychoses — Concluded.*

CAUSES OF DEATH.	PSYCHOSES.											
	INVOLUTION MELANCHOLIA.			DEMENTIA PRECOX.			EPILEPTIC.			WITH MENTAL DEFICIENCY.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
<i>Respiratory System.</i>												
Bronchopneumonia,	1	—	1	—	—	—	—	1	1	—	1	2
Lobar pneumonia,	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the respiratory system,	—	—	—	—	—	—	—	—	—	—	—	—
<i>Digestive System.</i>												
Ulcer of stomach,	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhea and enteritis,	—	—	—	—	—	—	—	—	—	—	—	—
Intestinal obstruction,	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of intestines,	—	—	—	—	—	—	—	—	—	—	—	—
Cirrhosis of liver,	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of digestive system (cancer and tuberculosis excepted),	—	—	—	—	—	—	—	—	—	—	—	—
<i>Genitourinary System.</i>												
Acute nephritis,	—	—	—	—	—	—	—	—	—	—	—	—
Chronic nephritis,	—	—	—	—	—	—	—	—	—	—	—	—
<i>Violence.</i>												
Suicide by hanging,	—	—	—	—	—	—	—	—	—	—	—	—
Total,	1	—	1	6	17	23	1	3	4	—	2	26

TABLE 17. — Age of Patients at Time of Death classified with Reference to Principal Psychoses — Concluded.

PSYCHOSES.	YEARS.												UNASCERTAINED.							
	45-49.			50-54.			55-59.			60-64.				65-69.			70 AND OVER.			
	Males.		Totals.	Males.		Totals.	Males.		Totals.	Males.		Totals.		Males.		Totals.	Males.		Totals.	
	Females.			Females.			Females.			Females.				Females.			Females.			
1. Traumatic,	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4	4	8	1	1	2
2. Senile,	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4	4	8	11	24	35
3. With cerebral arteriosclerosis,	1	1	2	1	1	2	1	1	2	1	1	2	3	3	4	4	8	11	24	35
4. General paralysis,	2	1	3	5	5	10	1	1	2	1	1	2	5	5	4	3	7	11	9	20
5. With cerebral syphilis,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	4	3	7	11	9	20
6. With Huntington's chorea,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	4	3	7	11	9	20
7. With brain tumor,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	4	3	7	11	9	20
8. With other brain or nervous diseases,	3	1	4	2	2	4	1	1	2	1	1	2	1	1	4	3	7	11	9	20
9. Alcoholic,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	4	3	7	11	9	20
10. Due to drugs and other exogenous toxins,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	4	3	7	11	9	20
11. With pellagra,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	4	3	7	11	9	20
12. With other somatic diseases,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	4	3	7	11	9	20
13. Manic-depressive,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	4	3	7	11	9	20
14. Involution melancholia,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	4	3	7	11	9	20
15. Dementia precox,	2	2	4	1	1	2	1	1	2	1	1	2	1	1	4	3	7	11	9	20
16. Paranoia or paranoid conditions,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	4	3	7	11	9	20
17. Epileptic,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	4	3	7	11	9	20
18. Psychoneuroses and neuroses,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	4	3	7	11	9	20
19. With constitutional psychopathic inferiority,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	4	3	7	11	9	20
20. With mental deficiency,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	4	3	7	11	9	20
21. Undiagnosed,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	4	3	7	11	9	20
22. Not insane,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	4	3	7	11	9	20
Total,	6	8	14	16	3	19	3	8	11	5	12	17	10	10	20	24	36	60	—	—

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Principal Psychoses.*

PSYCHOSES.	TOTAL.			MONTHS.												YEARS.					
	TOTAL.			LESS THAN 1.			1-3.			4-7.			8-12.			1-2.			3-4.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile,	16	32	48	3	8	11	4	4	8	1	1	2	1	4	5	1	1	2	2	3	5
3. With cerebral arteriosclerosis,	20	19	39	6	3	9	5	1	6	4	3	7	1	2	3	3	2	5	5	7	12
4. General paralysis,	20	5	25	3	1	4	6	3	9	5	—	5	6	—	2	6	1	7	7	2	9
5. With cerebral syphilis,	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor,	1	1	2	—	—	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	6	—	6	2	—	2	1	1	2	1	—	1	1	—	—	2	—	2	1	—	1
9. Alcoholic,	3	—	3	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra,	—	3	3	—	1	1	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—
12. With other somatic diseases,	5	6	11	4	—	4	1	1	2	—	1	1	—	—	—	—	—	—	—	1	1
13. Manic-depressive,	6	16	22	2	3	5	—	3	8	1	1	2	1	3	4	1	4	5	5	1	6
14. Involution melancholia,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia praecox,	6	17	23	—	—	—	—	—	3	1	—	1	—	2	3	2	5	7	9	1	10
16. Paranoia or paranoid conditions,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic,	1	3	4	—	1	1	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—
18. Psychoneuroses and neuroses,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With constitutional psychopathic inferiority,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency,	—	2	2	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed,	1	1	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Not insane,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total,	96	106	202	21	18	39	20	23	43	13	6	19	10	14	24	16	25	41	8	7	15

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Principal Psychoses — Concluded.*

PSYCHOSES.	YEARS.											
	5-6.			7-8.			9-10.			11-12.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	1	2	3	1	1	2	1	1	2	1	1	2
2. Senile,	1	1	2	1	1	2	1	1	2	1	1	2
3. With cerebral arteriosclerosis,	1	1	2	1	1	2	1	1	2	1	1	2
4. General paralysis,	1	1	2	1	1	2	1	1	2	1	1	2
5. With cerebral syphilis,	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea,	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor,	1	1	2	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases,	1	1	2	1	1	2	1	1	2	1	1	2
9. Alcoholic,	1	1	2	1	1	2	1	1	2	1	1	2
10. Due to drugs and other exogenous toxins,	1	1	2	1	1	2	1	1	2	1	1	2
11. With pellagra,	1	1	2	1	1	2	1	1	2	1	1	2
12. With other somatic diseases,	1	1	2	1	1	2	1	1	2	1	1	2
13. Manic-depressive,	1	1	2	1	1	2	1	1	2	1	1	2
14. Involution melancholia,	1	1	2	1	1	2	1	1	2	1	1	2
15. Dementia praecox,	1	1	2	1	1	2	1	1	2	1	1	2
16. Paranoia or paranoid conditions,	1	1	2	1	1	2	1	1	2	1	1	2
17. Epileptic,	1	1	2	1	1	2	1	1	2	1	1	2
18. Psychoneuroses and neuroses,	1	1	2	1	1	2	1	1	2	1	1	2
19. With constitutional psychopathic inferiority,	1	1	2	1	1	2	1	1	2	1	1	2
20. With mental deficiency,	1	1	2	1	1	2	1	1	2	1	1	2
21. Undiagnosed,	1	1	2	1	1	2	1	1	2	1	1	2
22. Not insane,	1	1	2	1	1	2	1	1	2	1	1	2
Total,	2	7	9	1	1	2	1	1	2	1	1	2

TABLE 19. — *Family-care Department.*

	Males.	Females.	Totals.
Remaining Sept. 30, 1919,	—	23	23
Admitted within the year,	—	6	6
Whole number of cases within the year,	—	29	29
Dismissed within the year,	—	8	8
Returned to institution,	—	8	8
Discharged,	—	—	—
Died,	—	—	—
Remaining Sept. 30, 1920,	—	21	21
Supported by State,	—	17	17
Private,	—	4	4
Self-supporting,	—	—	—
Number of different persons within the year,	—	29	29
Number of different persons admitted,	—	6	6
Number of different persons dismissed,	—	8	8
Daily average number,	—	23.773	23.773
State,	—	20.132	20.132
Private,	—	2.943	2.943
Self-supporting,	—	.698	.698

